

PLACE OF DEATH

County *W. Muhlenberg*

Vol. No. *15*

Ino. Town *Cleaton, Ky.*

City *Cleaton, Ky.*

Registration District No. *7135*

Primary Registration District No. *7135*

File No.

Registered No. *5433*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME *Allie Gray Shemwell*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

6 DATE OF BIRTH *Dec 19, 1917*

7 AGE *1 mos 24 ds.* IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION *none*

9 BIRTHPLACE (State or country) *Ky.*

10 NAME OF FATHER *Leland Shemwell*

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

12 MAIDEN NAME OF MOTHER *Eula Gunn*

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Leland Shemwell*
(Address) *Cleaton, Ky.*

15 Filed *2-13-18* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 12, 1918*

17 I HEREBY CERTIFY, That I attended deceased from *Feb 11, 1918*, to *Feb 12, 1918*, that I last saw her alive on *Feb 12, 1918*, and that death occurred on the date stated above at *11 P.M.* The CAUSE OF DEATH* was as follows: *Bronchitis & Meningitis*

(Duration) *3 ds.*

Contributory (Secondary) *None*

(Signed) *L. Gray Shemwell*, M. D.
Feb 13, 1918 (Address) *Cleaton, Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TOURSIENTS OR RECENT RESIDENTS)

At place of death *13 yrs. 11 mos. 13 ds.* In the State *13 yrs. 11 mos. 13 ds.*
Where was disease contracted, if not at place of death?
Former or usual residence *Cleaton, Ky.*

19 PLACE OF BURIAL OR REMOVAL *Miller & Y* DATE OF BURIAL *Feb 13, 1918*

20 UNDERTAKER *J. L. Thomas* ADDRESS *Cleaton*

WRITE CLEARLY, WITH UNFADING INK.—THIS IS A VITAL STATISTICS RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.