

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT 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.

Form V. 8 1-22m-1-4-32

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**10285**

**1 PLACE OF DEATH**  
County Mullensburg  
Vet. Pct. No 32 (inj)  
Inc. Town Drakesboro

Registration District No. 1088  
Primary Registration District No. 2437

File No. ....  
Registered No. 13  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City ..... (No. ...., ..... Ward)  
**2 FULL NAME** Anna Eliza Shemwell

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Female **4 COLOR OR RACE** White **5 Single Married Widowed or Divorced** Widowed  
(Write the words)

**6 DATE OF BIRTH** Jan 7 1858  
(Month) (Day) (Year)

**7 AGE** 72 yrs. 3 mos. 15 ds.  
IF LESS than 1 day ..... hrs. or ..... min?

**8 OCCUPATION**  
(a) Trade, profession or particular kind of work. Housekeeper  
(b) General nature of industry, business or establishment in which employed (or employer) .....

**9 BIRTHPLACE** (State or country) Kentucky U.S.A.

**PARENTS**  
**10 NAME OF FATHER** James Griffith  
**11 BIRTHPLACE OF FATHER** (State or country) Kentucky (U.S.A.)  
**12 MAIDEN NAME OF MOTHER** Mary Ann Williams  
**13 BIRTHPLACE OF MOTHER** (State or country) Kentucky U.S.A.

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Informant) Mrs. L. B. Staples  
(Address) Drakesboro Ky

**16** Filed 5-10-30 1930  
Registrar J. Kimmel

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** April 22 30  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, That I attended deceased from Apr 1, 1930, to Apr 22, 1930, that I last saw him alive on Apr 22, 1930, and that death occurred on the date stated above at 10:30 PM

The CAUSE OF DEATH\* was as follows:  
Chronic Interstitial Nephritis  
(Duration) 10 yrs. mos. .... ds.  
Contributory (Secondary) Bronchial Asthma  
(Duration) .... yrs. .... mos. .... ds.

(Signed) A. D. Neumann, D.  
(Address) Drakesboro Ky  
\*State the Disease Causing Death, or, in deaths from Violence, Causative state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

**18 LENGTH OF RESIDENCE** (For Hospitals, Institutions, Treatments or Recent Residents)  
at place of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
Where was disease contracted, If not at place of death? .....

Former or usual residence .....

**19 PLACE OF BURIAL OR REMOVAL** Drakesboro Ky **DATE OF BURIAL** Apr 22 1930

**20 UNDERTAKER'S ADDRESS** J. Kimmel Drakesboro Ky