

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County *Muhlenberg*
15
Vol. Pat. *15*
Ino. Town *Cleator 74*
City *Cleator* (No. *2*) St., Ward
2 FULL NAME *W. L. Shemwell*

Registration District No. *7135*
Primary Registration District No.

File No. *15379*
Registered No. *703*

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Single*

16 DATE OF DEATH *Nov-17, 1917*
(Month) (Day) (Year)

6 DATE OF BIRTH *Sept 1, 1891*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov 4, 1917*, to *Nov 17, 1917*, that I last saw him alive on *Nov 17, 1917*, and that death occurred on the date stated above at *8 a.m.* The CAUSE OF DEATH* was as follows:

7 AGE *26 yrs. 7 mos. 15 ds.* IF LESS than 1 day... hrs. or... min.?

Gun shot wound in back
(Duration).... yrs..... mos..... ds.

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

Contributory (SECONDARY) (Duration).... yrs..... mos..... ds.

9 BIRTHPLACE (State or country) *Kentucky*

(Signed) *G. D. Almon* M. D.
Nov. 17, 1917 (Address) *Cleator 74*

10 NAME OF FATHER *John Shemwell*

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

11 BIRTHPLACE OF FATHER (State or country) *74*

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

12 MAIDEN NAME OF MOTHER *Ann Jones*

At place of death.... yrs..... mos..... ds. State.... yrs..... mos..... ds.

13 BIRTHPLACE OF MOTHER (State or country) *74*

Where was disease contracted, if not at place of death?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *John Shemwell*

19 PLACE OF BURIAL OR REMOVAL *Wickliffe* DATE OF BURIAL *11-18, 1917*

(Address) *Cleator 74*

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

15 Filed *11-18, 1917* *W. H. Wood* REGISTRAR