

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. **23066**  
Registered No. **86**

## 1. PLACE OF DEATH

County **Mullensburg**Vet. Post **North Central City**Inc. Town **Central City**City **Central City**Registration District No. **1087**Primary Registration District No. **2435**2. FULL NAME **Edna Pearl Shemwell**(H) Residence, No. **108** St. **108** Ward **108**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 5. Single, Married, Widowed or Divorced (write the word) **single**

5a. If married, widowed, or divorced husband of (or) wife of

6. DATE OF BIRTH **May 2, 1835**7. AGE Years Months Days If LESS than 1 day, hrs. or min. **3 26**8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  
10. State deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation12. BIRTHPLACE **Ky.**13. NAME **Wilhel Shemwell**14. BIRTHPLACE **Clinton Ky.**15. MAIDEN NAME **Virginia Lewis**16. BIRTHPLACE **Ky.**17. INFORMANT **J. Pearl Shemwell**(Address) **Central City Ky.**18. BURIAL CREMATION, OR REMOVAL **Fairview**Place **Central City Ky.** Date **Aug. 28<sup>th</sup>, 1935**19. UNDERTAKER **Wm. E. Muelly**(Address) **Central City Ky.**20. FILED **8/28 1935** **W. B. Blueford** Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH **8-27**, 19**35**22. I HEREBY CERTIFY, That I attended deceased from **5-2** 19**35** to **8-27**, 19**35**I last saw **her** alive on **Aug 18**, 19**35**, death is said to have occurred on the date stated above, at **10:15** m. The principal cause of death and related causes of importance in order of onset were as follows:**Somewhat congenital defect** Date of onset **from birth**  
**157**

Contributory causes of importance not related to principal cause:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... date of injury..... 19.....  
Where did injury occur?.....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) **J. Pearl Shemwell** M. D.  
(Address) **Central City Ky.**

MARGIN RESERVED FOR ENDING

N. B. WRITE PLAINLY. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be correctly stated. AGE should be stated EXACTLY. PHYSICIAN 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.