

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25735

1 PLACE OF DEATH
 County Muhlenberg
 Vol. Pat. Beach Creek # 27
 Inc. Town Beach Creek, Ky.
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 31

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

2 FULL NAME Geo. Williams Shemwell

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 6, 1912
 (Month) (Day) (Year)

7 AGE 15 yrs. 15 mos. 0 ds. If LESS than 1 day ____ hrs. or ____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co., Ky.

10 NAME OF FATHER Marcus Shemwell

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co., Ky.

12 MAIDEN NAME OF MOTHER Emma Blackwell

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co., Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Key
 (Address) Beach Creek, Ky.

15 Filed 11-3, 1913 J. Kimmel
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Aug 15, 1913
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1913, to Aug 15, 1913, that I last saw him alive on Aug 15, 1913, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 2 mos. 0 ds.

Contributory

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) W. F. Whiteley, M. D.
 (Address) Beach Creek, 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, TRANSIENTS OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Jackson Grayson DATE OF BURIAL 8-9, 1913
 UNDERTAKER P. A. Fosny Sr ADDRESS York 13

DELAY

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2. 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.