

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

2203

1 PLACE OF DEATH  
County *Muhlenberg*

Vet. Pot. *5* Registration District No. *872*

Ino. Town *Drakesboro* Primary Registration District No. *2437*

City (No. St. Ward)

2 FULL NAME *Mary Hester Shemwell*

File No. ....

Registered No. *4*

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH  
....., 1.....  
(Month) (Day) (Year)

7 AGE *80* yrs. .... mos. .... ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Todd Co., Ky.*

10 NAME OF FATHER *Sam Sherrrod*

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

12 MAIDEN NAME OF MOTHER *(Not known)*

13 BIRTHPLACE OF MOTHER (State or country) *U. S. A.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Wiley Shemwell*

(Address) *Lewisburg, Ky.*

15 Filed *1/7* 19*22* *J. R. Kimmel* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH *Jan 7* 19*22*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 2*, 19*22* to *Jan 7*, 19*22* that I last saw her alive on *Jan 6*, 19*22*, and that death occurred on the date stated above at *5 A* m. The CAUSE OF DEATH\* was as follows:

*Cerebral*  
(Duration) .... yrs. .... mos. *6* ds.

Contributory (SECONDARY) (Duration) .... yrs. .... mos. *6* ds.

(Signed) *H. D. Neuman, M. D.*  
*Jan 7*, 19*22* (Address) *Drakesboro*

\*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. State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?  
Formal or usual residence *Sherrrod*

19 PLACE OF BURIAL OR REMOVAL *Middleton, Ky.* DATE OF BURIAL *Jan 8*, 19*22*

20 UNDERTAKER *J. R. Kimmel* ADDRESS *Drakesboro, Ky.*

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.