

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

15945

1 PLACE OF DEATH

County South LexingtonVot. Prec. South Lexington

Inc. Town.....

City.....

Registration District No. 1085Primary Registration District No. 2488

File No.....

Registered No. 12(No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Oels Shepherd

(a) Residence. No. _____ St. _____ Ward. _____

(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 Female 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH July 20th 1891
(Month) (Day) (Year)7 AGE 37 yrs. 4 mos. 1 ds. IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work Housewife
(b) General nature of industry,
business or establishment in
which employed (or employer) _____9 BIRTHPLACE (city or town)
(State or country) Kentucky

PARENTS	10 NAME OF FATHER <u>Geo. Flannery</u>
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Kentucky</u>
	12 MAIDEN NAME OF MOTHER <u>Sally Phelps</u>
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Kentucky</u>

14 (Informant) Alvina Shepherd
(Address) South Lexington Ky15 June 4, 1928 O. E. Parker
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 3th 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Apr 1, 1928 to June 2, 1928
that I last saw her alive on Apr 30, 1928and that death occurred on the date stated above at 7:30 a.m.
The CAUSE OF DEATH* was as follows:Tuberculosis of
the lungs(Duration) 11 yrs. 10 mos. 10 ds.Contributory Anaemia
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Microscopic(Signed) Dr. R. P. Lane & W. D.June 28 (Address) So. Carrollton*State the Disease Causing Death, or, in deaths from Violent
Causes, state (1) Means and nature of Injury; and (2) whether
Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Kinchloe Bluff July 4, 192820 UNDERTAKER E. G. Anderson ADDRESS South Lexington

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

11. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKING THIS COPY FOR THE ARCHIVES