1. PLACE OF DEATH BUREAU OF T	TH OF KENTUCKY ent of Health VITAL STATISTICS File No.	987
Vot. Pot / C: Cily Registration District	TE OF DEATH Registered No. 8	2
inc. Town Cut of City Primary Registration		
City	,	
2. FULL NAME Lerley See Shes	St	d number)
(a) Residence. No. (Usual place of abode)	_ St Ward	
Longth of residence in city or tewn where death securred yes, mee.	(if nonresident, give city or town an ds. How long in U. S., if of foreign birth? yrs, mee.	d State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. Single, Married, Widowed of Divorced (write the word)	21. DATE OF DEATH	. 19.37
5a. If married, widewed, or diversed HUSBAND of	22. I HEREBY CERTIFY, That I attended dege	ased from
(or) WIFE of	I last saw halive on19des	th is said
6. DATE OF BIRTH Dec 18 1914	to have occurred on the date stated above, at The principal cause of death and related causes of in order of onset were as follows:	
7. AGE Years Months Days If LESS than 1 dayhrs.		Date of onset
8. Trade, profession, or particular kind of work done, as spinner,	Pulmane Valurentosis	-
sawyer, beekkeeper, etc.		
9. Industry or business in which work was done, as slik mill, sawmill, bank, etc.	46	
10. Date deceased last worked at this occupation (month and spent in this year) corporation.	Contributory causes of importance not related to principal cause:	
12. BIRTHPLACE		
5 13. NAME William along Stable !	/	
14. BIRTHPLACE Ton	Name of operation	
	23. If death was due to external causes (violence) fill in	also the
15. MAIDEN NAME Octo Haney 16. BIRTHPLACE KY	Accident, suicide, or homicide?date of injury	
17. INFORMANT Was Sheppaul	Specify whether injury occurred in industry, in hom public place.	d State) e, or in
(Address) Central city by.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Bluff 1. 1. 11 2 193	24. Was disease or injury in any way related to occup	ation of
19. UNDERTAKER WHAT To Seley.	deceased?If so, specify	
(Address) Chilled City Rg.	(Signed) E. & Prountes	36
20. FILED 7 1937 (2) Slaugher Josephorae,	(Address) Oculial Pile 12	L. D.