

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

7635

File No. _____

Registered No. _____

1. PLACE OF DEATH

County Muhlenberg

Vet. Pat. _____

Inc. Town GreenvilleRegistration District No. 1005Primary Registration District No. 2434City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Miss Annie Campbell Short(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. Now 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, Widowed or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH Sept 9 - 18627. AGE
Years 71 Months 6 Days 12 If LESS than
1 day hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. at home9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE Muhlenberg Co Ky13. NAME Jonathan Short14. BIRTHPLACE McLean Co Ky15. MAIDEN NAME Miss Lucy Wing16. BIRTHPLACE Muhlenberg Co Ky17. INFORMANT W. W. Short, Kaber(Address) Louisville Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Greenville Ky Date Mar 27 193419. UNDERTAKER M. B. McDonald & Co(Address) Greenville Ky20. FILED 3-27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 21 193422. I HEREBY CERTIFY, That I attended deceased from
Mar 1 1934 to Mar 9 1934I last saw her alive on Mar 20 1934 death is said
to have occurred on the date stated above, at 2 m.
The principal cause of death and related causes of importance
in order of onset were as follows:Chronic Myocarditis Date of onset 1930Contributory causes of importance not related to
principal cause:Chronic Interstitial
Nephritis 1924

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? _____ date of injury 19Where 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? no If so, specify _____(Signed) James Wilson M. D.(Address) Greenville, Ky.N. B. WRITE PLAINLY, WITH
PLAIN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. The cause of death should be stated EXACTLY. PHYSICIANS AND 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.