

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

PLACE OF DEATH

County *Muhlenburg*

Vot. Pct. ....

Registration District No. *87d*

Ino. Town .....

Primary Registration District No. ....

City .....

(No. .... St., .... Ward)

2 FULL NAME *Jerry Shrewsbury*

File No. *9560*

Registered No. ....

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *Black* 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) *Married*

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

7 AGE *about 55* yrs. .... mos. .... ds. IF LESS THAN 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Ohio*

PARENTS 10 NAME OF FATHER *George Shrewsbury* 11 BIRTHPLACE OF FATHER (State or country) *Va* 12 MAIDEN NAME OF MOTHER *Sarah Ann* 13 BIRTHPLACE OF MOTHER (State or country) *Va*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Alvin Shrewsbury* (Address) *20th Louisville*

15 Filed *March 25, 1922* REGISTRAR *W. H. ...*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 25, 1922* (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *March 25, 1922* to *March 25, 1922*, that I last saw him alive on *March 24, 1922*, and that death occurred on the date stated above at *10* m. The CAUSE OF DEATH\* was as follows:

*Abscitis*

(Duration) ... yrs. *3* mos. .... ds. Contributory (SECONDARY) *Oxytosis* (Duration) ... yrs. .... mos. .... ds. (Signed) *Robert G. ...* M. D. *March 25, 1922* (Address) *Central City, Ky*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, 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 *South Hill ...* DATE OF BURIAL *March 29, 1922*

20 UNDERTAKER *W. H. Shrewsbury acting* ADDRESS *20th Louisville*

WRITE PLAINLY. (IN UNFADING INK--THIS IS A PERMANENT RECORD.)

M. D.—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.

MARGIN RESERVED FOR ENDORS