

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24400

File No.

Registered No. 5-2

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

1 PLACE OF DEATH

County MitchellVol. Pct. ElectorsRegistration District No. 7-35-1094Inc. Town ElectorsPrimary Registration District No. 1842

City

(No. Susie Shultz St. Ward)2 FULL NAME Susie Shultz

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Lead 5 Single Married married Widowed or Divorced (Write the word)6 DATE OF BIRTH 0 0 1885
(Month) (Day) (Year)7 AGE 38 yrs. 0 mos. 0 ds. IF LESS than 1 day ____ hrs. or ____ min?8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) Housekeeping9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER George Green11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Sally Jones13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Luzifer Shultz(Address) Electors Ky15 Filed 9-24- 1923 W. H. Flowers Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 22, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased Wm. Sep 3, 1923, to Sept 22, 1923, that I last saw her alive on Sept 22, 1923, and that death occurred on the date stated above at 3 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis of Brain..... (Duration) yrs. mos. 30 ds.

Contributory (Secondary)

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

(Signed) L. Bennett, M. D. Sept 24, 1923 (Address) Central City*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether accidental, Suicidal or Homicidal. Central City Ky

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place In the of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted,

if not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Wickliff G. yard Sept 24 1923

20 UNDERTAKER ADDRESS

James C. George Central CityWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be 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.