

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

PLACE OF DEATH
 County Muhlenberg File No.
 Vol. Fol. C 444 Registration District No. 871 Registered No.
 Inc. Town Primary Registration District No. 7430
 City (No.) St., Ward
 FULL NAME Essie Shutt

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

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

7 AGE 34 yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co., Ky

10 NAME OF FATHER Lewis Shutt

11 BIRTHPLACE OF FATHER (State or country) Muh. Co., Ky.

12 MAIDEN NAME OF MOTHER Adeline Woods

13 BIRTHPLACE OF MOTHER (State or country) Todd Co., Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Estell Gary (Address) D. 20th St. 100.14

15 7-4 1918 W. B. Dickliffe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 3, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1918, to July 2, 1918, that I last saw her alive on July 2, 1918, and that death occurred on the date stated above at 2 p.m. The CAUSE OF DEATH* was as follows:

Conjunctive Chills

Contributory (SECONDARY)

(Signed) J. B. Shaton, M. D.

....., 191... (Address) Greenville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES 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 Oliver Grove Bury DATE OF BURIAL July 4, 1918

20 UNDERTAKER McDonald & Swift ADDRESS Greenville 14

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. Instructions on back of certificate.