

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

17356

1 PLACE OF DEATH

County MoreheadVol. Book CookRegistration District No. 1092

Inc. Town.....

Primary Registration District No. 6828.4

City.....

(No. St. Ward)

File No. 17356

Registered No.

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

2 FULL NAME Leander J. Shutt**PERSONAL AND STATISTICAL PARTICULARS**3 SEX Male 4 COLOR OR RACE W 5 Single Married single Widowed or Divorced (Write the word)6 DATE OF BIRTH 11 - 1st 1877 (Month) (Day) (Year)7 AGE 61 yrs. 7 mos. 0 ds. IF LESS than 1 day hrs. or min?8 OCCUPATION (a) Trade, profession or particular kind of work None (b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Lake Co Ky10 NAME OF FATHER Benjamin Shutt11 BIRTHPLACE OF FATHER (State or country) Not known12 MAIDEN NAME OF MOTHER Not known13 BIRTHPLACE OF MOTHER (State or country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Flora Shutt(Address) Beach Creek15 Filed 6/2 1926 W. H. Jones

Registrar

MEDICAL CERTIFICATE OF DEATH16 DATE OF DEATH Jan 1 1926 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 12 1924 to May 31 1926, that I last saw him alive on May 31 1926, and that death occurred on the date stated above at 2532 n.The CAUSE OF DEATH* was as follows: Hyperthymic Curvature

Contributory (Secondary)

(Duration) 1 yrs. 6 mos. 1 da.(Signed) M. F. Richardson, M. D.June 1 1926 (Address) Beach Creek

*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 1 yrs. 6 mos. 1 da. In the State 1 yrs. 6 mos. 1 da.

Where was disease contracted,

at not at place of death?

Former or Present Residence

19 PLACE OF BURIAL OR REMOVAL Int. Marsh.DATE OF BURIAL 6-2-2620 UNDERTAKER W. H. JonesADDRESS W. H. Jones

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of Informatic should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.