

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vol. No. Greenwell

Registration District No. 871

File No. ....

Registered No. 5428

Inc. Town..... Primary Registration District No. 2426

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

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

2 FULL NAME Levi Shutt

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 27, 1857  
(Month) Feb (Day) 27 (Year) 1857

7 AGE 72.0 yrs. .... mos. Two ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co

PARENTS  
10 NAME OF FATHER  
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co - Father's Shutt  
12 MAIDEN NAME OF MOTHER Peggy Water  
13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ruth Shutt  
(Address) Greenwell, Ky

15 Filed Feb 3, 1918 W. B. Beckwith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1918 to Feb 2, 1918, that I last saw him alive on Feb 2, 1918, and that death occurred on the date stated above at 10 A.M. The CAUSE OF DEATH<sup>o</sup> was as follows:  
Paralysis

..... (Duration) ..... yrs. .... mos. 3 ds.  
Contributory (SECONDARY) none reported

..... (Duration) ..... yrs. .... mos. 18 ds.  
(Signed) P. R. Ransier, M. D.  
Feb 3, 1918 (Address) Greenwell

\*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 Poor Farm DATE OF BURIAL 7/4, 1918

20 UNDERTAKER Oren L. Roark ADDRESS Greenwell Ky

WRITE PLAINLY IN INK IN UNFADING INK--THIS IS A PERMANENT RECORD

B. E.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.