

1. PLACE OF DEATH

County MuhlenbergVet. Pet. H. Bygones

Ine. Town _____

CERTIFICATE OF DEATH

Registration District No. 1643Primary Registration District No. 4853

File No. _____

Registered No. _____

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Mrs Alice Shipworth(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____6. DATE OF BIRTH Oct 7
7. AGE
Years 73 Months 3 Days 22 IF LESS than 1 day hrs. or min.OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Muhlenberg Co. Ky13. NAME John Mansfield14. BIRTHPLACE Muhlenberg Co. Ky15. MAIDEN NAME Miss Squatin16. BIRTHPLACE Muhlenberg Co. Ky17. INFORMANT Melvin Walker(Address) Westmoreland Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Mansfield Ky Date Jan 31 193419. UNDERTAKER M. B. McDonald(Address) Greenville Ky20. FILED 2-8-34 1934By M. Wells Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 29 193422. I HEREBY CERTIFY That I attended deceased from Jan 1 1933 to Sept 20 1933
I last saw him alive on Sept 20 1933, death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:Coronary Arteriosclerosis

Date of onset

Contributory causes of importance not related to principal cause:
ParalysisName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. C. Woodburn M. D.(Address) Greenville Ky

plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.