

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23091

File No. 23091  
Registered No. 2822

## 1. PLACE OF DEATH

County MuhlenbergVot. Prec. Rosewood

Inc. Town \_\_\_\_\_

Registration District No. 2820-1091Primary Registration District No. 2822City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
If death occurred in hospital or institution, give its NAME instead of street and number)2. FULL NAME Elias Shipman(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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

## 6. DATE OF BIRTH

7. AGE Years Months Days If LESS than 1 day ..... hrs. or ..... min.  
618. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer

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 Co13. NAME Eli Thomas Shipman14. BIRTHPLACE Muhlenberg15. MAIDEN NAME Rebecca Faris16. BIRTHPLACE Muhlenberg Co17. INFORMANT Mrs. Elias Shipman(Address) Greenville, Ky. 40344

## 18. BURIAL, CREMATION, OR REMOVAL

Place Shipman Bk. Oct. 1, 193519. UNDERTAKER M. B. McDonald & Co(Address) Greenville, Ky.20. FILED Oct 7 1935 Thelma Pearson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 30, 193522. I HEREBY CERTIFY, That I attended deceased from 4-11-4, 1935 to 8-1-4, 1935I last saw him alive on 7-1-4, 1935, death is said to have occurred on the date stated above, at 10 m.  
The principal cause of death and related causes of importance in order of onset were as follows:Pulmonary TB  
Ruptured Aorta (2d)  
Date of onset \_\_\_\_\_Contributory causes of importance not related to principal cause:  
SmokingName of operation Fatality Date of 4-11-4  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 1935Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. noManner of injury no  
Nature of injury \_\_\_\_\_24. Was disease or injury in any way related to occupation of deceased? no If so, specify no(Signed) Walter Simpson, M. D.(Address) Greenville, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. READING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully 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.