

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

State File No. 3626Registrar's No. 64Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Shadesboro</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Shadesboro</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Erna</u> b. (Middle) <u>May</u> c. (Last) <u>Shipworth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20 - 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 5, 1900</u>
9. AGE (In years last birthday) <u>48</u>		If Under Months <u>3</u>	1 Year <u>15</u> If Under Days <u>15</u> 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>8</u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg County</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>Lucian Cornette</u>	
14. MOTHER'S MAIDEN NAME <u>Ida Landrum</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Shonnelly</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>jumping in well</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>975X - 164B</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE <u>Suicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Greenville Muhl. Ky</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Feb 20 1949 10:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.	
23a. DATE SIGNED <u>Feb 20</u>		23b. ADDRESS <u>Greenville, Ky</u>	
23c. SIGNATURE (Degree or title) <u>Harold F. Perkins, Coroner</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 22</u>		24c. NAME OF CEMETERY OR CREAMATORY <u>Cheney</u>	
24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Ky</u>		25a. DATE REC'D BY LOCAL REG. <u>2-25-49</u>	
25b. REGISTRAR'S SIGNATURE <u>Margaret Hodge</u>		25c. FUNERAL DIRECTOR <u>Park Perkins</u>	
25d. ADDRESS <u>Greenville, Ky</u>			