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 WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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.

Forma V. S. 3-100m-3-23-26  
 1 PLACE OF DEATH

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

File No. 11831  
 Registered No. 187

County Madison  
 Registration District No. 35

Inc. Town \_\_\_\_\_ Primary Registration District No. 2115  
 City Madisonville (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Shelley Walker  
 (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  
 Married Widowed or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH Dec. 9 1999  
 (Month) (Day) (Year)

7 AGE 29 yrs. 5 mos. 2 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED  
 (a) Trade, profession or particular kind of work Miner  
 (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) McClain, Ky.  
 (State or country)

PARENTS

10 NAME OF FATHER W.F. Walker  
 11 BIRTHPLACE OF FATHER (city or town) Ky.  
 (State or country)  
 12 MAIDEN NAME OF MOTHER Maudie Shuler  
 13 BIRTHPLACE OF MOTHER (city or town) Ky.  
 (State or country)

14 (Informant) F.P. Holt  
 (Address) Madisonville

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH May 11<sup>th</sup> 1928  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from about May 1<sup>st</sup> 1928, to May 11<sup>th</sup> 1928, that I last saw him alive on May 11<sup>th</sup> 1928, and that death occurred on the date stated above at 4 a.m.  
 THE CAUSE OF DEATH\* was as follows:  
Massive coronary thrombosis  
of both coronaries  
caused explosion  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory long involvement with gas inhalation  
 (Secondary) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED  
 If not at place of death? \_\_\_\_\_  
 Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_  
 (Signed) Grant Gailher, M. D.  
5/11/28, 19\_\_\_\_ (Address) Horseshoeville Ky

15 Filed May 11, 1928 Ruth Bagby  
 Registrar

19 PLACE OF BURIAL OR REMOVAL Graham Ky DATE OF BURIAL May 12, 1928  
 20 UNDERTAKER James D. Tugue ADDRESS Madisonville