FORM V S 1-500M. 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11170

File No.

Registered No. 3

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Paradise Registration District No. 1089

Inc. Town Primary Registration District No. 6823

City (No. St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Shelby A Wood

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5 DATE OF BIRTH Feby 28, 1854 (Month) (Day) (Year)

7 AGE 72 yrs. 2 mos. 2 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) Kentucky

PARENTS

10 NAME OF FATHER John Wood

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Betsie Smith

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oscar Buchanan

(Address) Drakesboro Ky

15

Filed May 4, 1926 W. S. Cundiff REGISTRAR
By Laura R. Brown

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 30, 1926 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1925, to April 30, 1926,

that I last saw h im alive on March 1926,

and that death occurred on the date stated above at 6:30 .m. The CAUSE OF DEATH was as follows:

Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Harry T. Dudley, M. D.

Apr 30, 1926 (Address) Central City Ky

*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 Riverside Drakesboro

DATE OF BURIAL 5-1, 1926

20 UNDERTAKER J. O. Kennedy

ADDRESS Drakesboro Ky

11-5164

WRITE PLAINLY, 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.