

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Rowan
Vol. Farmers
Inc. Town
City

Registration District No. 7492
Primary Registration District No. 7494

File No. 18445
Registered No. 6
(If death occurred in a hospital or institution, give the NAME (number of) Street and number.)

2 FULL NAME Shelley Lgo.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
(Write the word)

6 DATE OF BIRTH March 30, 1904

7 AGE 11 yrs. 1 mo. 11 da. IF LESS THAN 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Bath Co.

10 NAME OF FATHER John Lgo.

11 BIRTHPLACE OF FATHER (State or country) Bath Co.

12 MAIDEN NAME OF MOTHER Julia Arnes

13 BIRTHPLACE OF MOTHER (State or country) Bath Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Lgo.
Farmers

15 FILED 4-17-1917 Maudel Myers
REGISTERED Frank Calvert

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 16, 1917

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1917, to April 16, 1917, that I last saw him live on April 16, 1917, and that death occurred on the date stated above at 7 P.M. The CAUSE OF DEATH* was as follows:

Burned -
Clothing caught fire.
(Details) ... yrs. ... mo. ... da.

Contributory (Secondary) None
(Details) ... yrs. ... mo. ... da.
(Signed) J. H. ..., M. D.
April 17, 1917 (Address) Farmers, Ky.

*State the Disease Causing Death or its cause 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. ... mo. ... da. In the State ... yrs. ... mo. ... da.
Where was disease contracted, if not at place of death?
Farmer or usual residence

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 4-17-17

20 UNDERTAKER Frank Calvert ADDRESS

WRITE PLAIN WITH UPWARD 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. See instructions on back of certificate. OMPATIGN is very important.