

Form V. S. 2-30m-4-19-19

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

1 PLACE OF DEATH
County Bourbon
City Georgetown

File No. 125

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Vet. Pct. _____ Registration District No. 5120

Inc. Town _____ Primary Registration District No. 87

City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME Shel Horn

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>w</u>	5 Single Married Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>June 1</u> 192 <u>2</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>July 1</u> 192 <u>1</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>July 1</u> 192 <u>1</u> to <u>July 1</u> 192 <u>2</u> and that I last saw him alive on <u>July 1</u> 192 <u>2</u> and that death occurred on the date stated above at <u>5 A.</u> m.	
7 AGE yrs. _____ mos. _____ ds. _____ IF LESS than 1 day _____ hrs. or _____ min?			The CAUSE OF DEATH* was as follows: <u>Premature birth</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)			(Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Kentucky</u>			Contributory (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>Joa Shelton Rose</u>		(Signed) <u>Henry C. Stewart</u> , M. D. <u>1-1-</u> 192 <u>2</u> (Address) <u>Georgetown 14</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>		*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Nutritional or Homicidal.	
	12 MAIDEN NAME OF MOTHER <u>Clara Elliott</u>		14 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ yrs. _____ mos. _____ ds. in the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>		15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <u>family burying ground</u> <u>2</u> 192 <u>2</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE: (Informant) <u>Joa Shelton Rose</u> (Address) <u>Paris 7</u>			16 UNDERTAKER <u>family</u>	
15 FILED <u>June 5</u> 192 <u>2</u> <u>Paris</u> Registrar				

11-3104