

Death 093

Form V. S. 1-50m-5-25-22

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

1 PLACE OF DEATH
County Woodford, File No. 2626
Registered No. 672

Vet. Pat. Registration District No. 1482
Primary Registration District No. 2591

Inc. Town Versailles, Ky. (No. St. Ward)

2 FULL NAME Mrs. Hannah Shryock,

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 MARRIAGE STATUS <u>Widowed</u>	16 DATE OF DEATH <u>Nov 3 1924</u>	17 I HEREBY CERTIFY, That I attended deceased from <u>Aug 50 1924</u> to <u>Nov 2 1924</u> , that I last saw him alive on <u>Nov 2 1924</u> , and that death occurred on the date stated above at <u>12:30 am</u> . The CAUSE OF DEATH* was as follows: <u>Nephritic renal paralysis</u>
6 DATE OF BIRTH <u>Aug 50 1949</u>	7 AGE <u>75 yrs. 2 mos. 2 ds.</u>	8 OCCUPATION (a) Trade, profession or particular kind of work. <u>Retired,</u> (b) General nature of industry, business or establishment in which employed (or employer). <u>Housekeeper</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death <u>Nov 4 1924</u> in the State <u>Ky.</u> Where was disease contracted, if not at place of death? Former or usual residence	
9 BIRTHPLACE (State or country) <u>Jessiman, Co. Ky</u>			Contributory (Secondary) (Duration) yrs. mos. ds.	
10 NAME OF FATHER <u>John Lancaster,</u>			(Signed) <u>W.C. McGehee</u> M. D. <u>Nov 4, 1924</u> (Address) <u>Versailles, Ky.</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Jessamine Co. Ky.</u>			*State the Disease causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
12 MAIDEN NAME OF MOTHER <u>Elizabeth Smith,</u>			19 PLACE OF BURIAL OR REMOVAL <u>Versailles, Ky.</u> DATE OF BURIAL <u>Nov. 4 - 1924</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Mercer Co. Ky.</u>			20 UNDERTAKER <u>B.R. Duell,</u> ADDRESS <u>Versailles, Ky.</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>M.H. Shryock, Jr.</u> (Address) <u>Versailles, Ky.</u>				
15 FILED <u>Nov 4 1924</u> <u>4 MRS. BURKE</u> Registrar				

WRITE PLAINLY WITH UNFADING INK. Every item of information state CAUSE OF DEATH in plain so that it may be properly classified. See instructions on back of certificate. EXACTLY. PHYSICIANS should statement of OCCUPATION is