

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH *Muhlenberg*
 County *Muhlenberg*
 Vol. No. *Book of Deaths 21*
 Registration District No. *270*
 City *Central City*
 Primary Registration District No. *2435*
 City (No. St. Ward)

File No. **11645**
 Registered No. *16*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME *John Edward Whitton*

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <i>male</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Infant</i>
6 DATE OF BIRTH <i>March 24, 1918</i> (Month) (Day) (Year)		
7 AGE yrs. mos. <i>9</i> .. da.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <i>Muhlenberg Co</i>		

PARENTS	10 NAME OF FATHER <i>Ed Whitton</i>
	11 BIRTHPLACE OF FATHER (State or country) <i>Muhlenberg Co 19</i>
	12 MAIDEN NAME OF MOTHER <i>Julien Whitton</i>
	13 BIRTHPLACE OF MOTHER (State or country) <i>Muhlenberg Co 19</i>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *Joe Spurr*
 (Address) *Central City 14*

15
 Filed *May 6, 1918* *A. L. Blandford*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
April 1st, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *March 24, 1918*, to *April 1, 1918*, that I last saw him alive on *March 27, 1918*, and that death occurred on the date stated above at *8:00* p.m. The CAUSE OF DEATH was as follows:

Premature birth, infant, to toxic neurosis.

(Duration) yrs. mos. *9* .. da.

Contributory (SECONDARY) (Duration) yrs. mos. da.
 (Signed) *J. P. Walton* M. D.
Apr. 27, 1918 (Address) *Central City 14*

*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. da. State yrs. mos. da.
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
Rinkhels Bluff DATE OF BURIAL
April 2, 1918
 20 UNDERTAKER
Matton Moore ADDRESS
Central City 14

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

8. B.—Every item of information should be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly certified. About statement of OCCUPATION is very important.