

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
 County Whitley  
 Vol. No. 25 Registration District No. 215-1094  
 Inc. Town Chattanooga Primary Registration District No. 41  
 City (No. .... St., .... Ward)  
 2 FULL NAME Mrs. Ellen Lewis

File No. ....  
 Registered No. 19187  
 [(If death occurred in a hospital or institution, give its NAME instead of street and number.)]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
 4 COLOR OR RACE White  
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed  
 6 DATE OF BIRTH May 8, 1848  
 (Month) (Day) (Year)  
 7 AGE 75 yrs. 1 mos. 26 ds.  
 IF LESS than 1 day ... hrs. or ... min.?  
 8 OCCUPATION (a) Trade, profession, or particular kind of work. House Keeper  
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky

PARENTS  
 10 NAME OF FATHER John Whitehouse  
 11 BIRTHPLACE OF FATHER (State or country) Ky  
 12 MAIDEN NAME OF MOTHER Ellen Whitehouse  
Maloney  
 13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Bernie Lewis  
 (Address) Chattanooga Ky

15 Filled 7-6-1923 by J. L. Thomas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 4 1923  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1923, to July 4, 1923, that I last saw him alive on 7th July, 1923, and that death occurred on the date stated above at 11:30 pm. The CAUSE OF DEATH\* was as follows:

Acute Dysentery  
 (Duration) ... yrs. ... mos. 10 ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.  
 (Signed) H. H. Haley, M. D.  
8-6-1923 (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 Windleigh & G DATE OF BURIAL July 6, 1923

20 UNDERTAKER J. L. Thomas ADDRESS Chattanooga Ky

WRITE CAREFULLY WITH EXACTLY. PHYSICIANS should be stated EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Every item of information should be carefully supplied.