

1 PLACE OF DEATH

County Mitchell

Vot. Precinct.....

Inc. Town Central City

City.....

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1087Primary Registration District No. 2435

(No. St., Ward)

2 FULL NAME Asymantey Whitman PennFile No. 28336Registered No. 27

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH April 1, 1922
(Month) (Day) (Year)7 AGE 81 yrs 4 mos 28 ds.
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) Ky.10 NAME OF FATHER David Whitman11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER Leticia Grundy13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 10/15, 1922 W. P. Slaughter Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 28, 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1922, to Aug 28, 1922, that I last saw h. alive on Aug 28, 1922, and that death occurred on the date stated above at 4 P.M.The CAUSE OF DEATH* was as follows:
Chronic Dysentery
(Duration) yrs. 4 mos. ds.Contributory (Secondary)
(Duration) yrs. mos. ds.(Signed) W. P. Slaughter M. D.
Aug 28, 1922 (Address) Central City

*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 yrs. mos. ds. In the State yrs. mos. d.
Where was disease contracted,If not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Freemant DATE OF BURIAL Aug 29, 192220 UNDERTAKER Martin Moore ADDRESS Central City, Ky.

MARGIN RESERVED FOR INDEXING
 WRITE PLAINLY, WITH UNFADING 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 text, so that it may be properly classified. EO statement of OCCUPATION is very important. See instructions on back of certificate.