

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20476

File No. ....

Registered No. ....

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

1 PLACE OF DEATH  
*Murder - bus*  
2 SEX  
*Female*  
3 FULL NAME  
*Edna Whanger*

Vot. Pot. *E. Boyges* Registration District No. *971*

Ino. Town..... Primary Registration District No. *7132*

City..... (No.....) St.,..... Ward.....

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Widow*

6 DATE OF BIRTH....., *1859*  
(Month) (Day) (Year)

7 AGE *46* yrs..... mos..... ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work..... *at home* (b) General nature of industry, business or establishment in which employed (or employer).....

9 BIRTHPLACE (State or county) *Butler County, Ky*

10 NAME OF FATHER *not known*

11 BIRTHPLACE OF FATHER (State or county) " " " "

12 MAIDEN NAME OF MOTHER " " " "

13 BIRTHPLACE OF MOTHER (State or county) " " " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant) *J. S. Beittel*  
(Address) *Greenville, Ky*

15 Filed *Aug 23, 1915* *la B. Weir* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Aug 23, 1915*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *May*, 1915, to *Aug*, 1915, that I last saw him alive on *28*, 1915, and that death occurred on the date stated above at *7 A.M.* The CAUSE OF DEATH\* was as follows:

*Tuberculosis*

①

(Duration)..... yrs. *6* mos..... ds. Contributory (SECONDARY).....

(Signed) *D. B. Blanton* M. D. *Aug 23, 1915* (Address) *Greenville*

\*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. State..... yrs..... mos..... ds. in the

Where was disease contracted, if not at place of death? Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL *Bethel B. B.* DATE OF BURIAL *Aug 24, 1915*

20 UNDERTAKER *McDonald & Jewell* ADDRESS *Greenville, Ky*

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be readily understood. Next statement of OCCUPATION is very important. See instructions on back of certificate.