

Form V. S. 3-300a-6-11-33

1 PLACE OF DEATH

County MuhlenbergVot. Pat. E. P. Rogers

Inc. Town.....

City.....

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1093Primary Registration District No. 6832

(No. St., Ward)

2 FULL NAME Alex Hunt Whitaker

File No.....

Registered No.....

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> or Divorced <input type="checkbox"/> (Write the word)
6 DATE OF BIRTH <u>Oct. 9 1925</u> (Month) (Day) (Year)		
7 AGE ____ yrs. ____ mos. ____ 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) <u>Muhlenberg Co. 14</u>		
PARENTS	10 NAME OF FATHER <u>Mr. L. D. T. Whitaker</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ohio Co. 14</u>	
	12 MAIDEN NAME OF MOTHER <u>Eva Hunt</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muh.</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>L. D. F. Whitaker, Jr.</u> (Address) <u>Greenville Ky</u>		

15 Filed 10/9/25 O. B. Dickliffe
Registrar

11-5104

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
October 9 1925
(Month) (Day) (Year)I HEREBY CERTIFY That I attended deceased from Oct 9, 1925, to Oct 9, 1925, that I last saw him alive on Oct 9, 1925, and that death occurred on the date stated above at 10 A.M.

The CAUSE OF DEATH* was as follows:

Premature Birth
(6 mos)
(Time 5 minutes)
(Duration) yrs. mos. ds.Contributory (Secondary)
(Duration) yrs. mos. ds.(Signed) Clarence W. ..., M. D.
10/9, 1925 (Address) Greenville 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 residence19 PLACE OF BURIAL OR REMOVAL Greenville 14 DATE OF BURIAL Oct 9 192520 UNDERTAKER M. B. McDonald ADDRESS Greenville Ky

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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.