

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

Registered No. 11County FranklinVet. Pct. FranklinRegistration District No. 1096

Ine. Town..... Primary Registration District No.....

City..... (No. St., Ward) Duplicate
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Bora Whitaker 30601(a) Residence. No. Mc Mary St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. ds.
How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH 12 12 1931
(Month) (Day) (Year)

7 AGE yrs. mos. ds. IF LESS than 1 day 4 hrs. or min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (city or town) Mc Mary St
(State or country)

PARENTS

10 NAME OF FATHER Bora Whitaker11 BIRTHPLACE OF FATHER (city or town) Elkton Ky
(State or country)12 MAIDEN NAME OF MOTHER Thelma Russell13 BIRTHPLACE OF MOTHER (city or town) Elkton Ky
(State or country)14 (Informant) Bora Whitaker
(Address) Mc Mary St15 Filed 1/10 19 31 J. Chennery Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 11 1931
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 12/11, 1931, to 12/11, 1931that I last saw her alive on 12/11, 1931and that death occurred on the date stated above at 12/11The CAUSE OF DEATH* was as follows: GranularRenature Birth

.....

..... (Duration) yrs. mos. ds.

Contributory (Secondary)

..... (Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?

Did an operation precede death? Yes Date ofWas there an autopsy? YesWhat test confirmed diagnosis? SW(Signed) J. G. DePal, M. D.12/12/31 (Address) Franklin Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Franklin Dec 12, 1931

20 UNDERTAKER ADDRESS

MOB Medical Services

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

N. B.—Every item of information should be carefully supplied. AGE should be stated in FULLY. 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.