

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2328

1 PLACE OF DEATH
County Martin

File No.

2 SEX
Sex FemaleRegistration District No. 1085Registered No. 193 AGE
Age 43Primary Registration District No. 7508

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

4 OCCUPATION
Occupation House Wife

City (No. St., Ward)

5 FULL NAME Lavinia Whitaker

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

6 DATE OF BIRTH
Date of Birth July 31, 1896
(Month) (Day) (Year)16 DATE OF DEATH
Date of Death Jan - 1 - 1929
(Month) (Day) (Year)7 AGE
Age 43 yrs. 5 mos. 1 ds.
IF LESS than 1 day hrs. or min?17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1928, to Dec. 23, 1928, that I last saw him alive on Dec. 23, 1928, and that death occurred on the date stated above at 1.05 P.M.8 OCCUPATION
(a) Trade, profession or particular kind of work. House Wife
(b) General nature of industry, business or establishment in which employed (or employer).....The CAUSE OF DEATH* was as follows:
Tuberculosis Lung & Bowel
2 2
(Duration) yrs. mos. ds.9 BIRTHPLACE
(State or country) Martin Co Ky

Contributory (Secondary).....

10 NAME OF FATHER
Name of Father F. H. McPherson(Signed) J. C. Woodburn, M. D.
(Duration) yrs. mos. ds.
(Address).....11 BIRTHPLACE OF FATHER
(State or country) Martin Co Ky

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

12 MAIDEN NAME OF MOTHER
Maiden Name of Mother Mattie Belle Dixon

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

13 BIRTHPLACE OF MOTHER
(State or country) Martin Co Ky

at place of death yrs. mos. ds. State yrs. mos. ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, if not at place of death?.....

(Informant) Lavinia Whitaker

Former or usual residence.....

(Address) Perrod Ky

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

15 Filed 1-1-1929McPherson Chapel 1-2-1929
T. O. K. Co

20 UNDERTAKER ADDRESS

J. K. Kinnard Drakesboro 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. See instructions on back of certificate. very important.