

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 669

Registration District No. 410X

Primary Registration District No. 2145

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <i>Daviess</i>	b. CITY (If outside corporate limits, write RURAL and give township) <i>Owensboro</i>	a. STATE <i>Ky.</i>	b. COUNTY <i>Daviess</i>
c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <i>Owensboro</i>	2 <i>2</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <i>416 Cedar</i>	d. STREET ADDRESS (If rural, give location) <i>416 Cedar St.</i>		

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <i>Frankie E.</i>	b. (Middle) <i>Whittaker</i>	c. (Last) <i>Whittaker</i>	(Month) <i>Dec.</i>	(Day) <i>1</i>	(Year) <i>1952</i>
(Type or Print)					

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 27, 1863</i>	9. AGE (In years last birthday) <i>89</i>	If Under 1 Year	If Under 24 Hrs
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Housewife Home</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
---	---	---	---

13. FATHER'S NAME <i>Frank Kimbley Sr.</i>	14. MOTHER'S MAIDEN NAME <i>Ann E. Morehead</i>
--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Maude Eberman</i>
--	--------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia</i>		
	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>493X-091-19</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK <input type="checkbox"/> <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	-----------------------------------

22. I hereby certify that I attended the deceased from 11-20, 1952, to 12-1, 1952, that I last saw the deceased alive on Nov-29, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. DATE SIGNED	23b. ADDRESS <i>Owensboro Ky.</i>	23c. SIGNATURE <i>A. J. Kimbley</i>	(Degree or title) <i>M.D.</i>
-------------------------	---	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12/3/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Edmwood</i>	24d. LOCATION (City, town, or county) (State) <i>Owensboro Ky.</i>
---	------------------------------------	---	--

25a. DATE RECD BY <i>12-8-52</i>	25b. REGISTRAR'S SIGNATURE <i>W. H. Colwell</i>	25. FUNERAL DIRECTOR <i>James H. Davis, Owensboro Ky.</i>	ADDRESS
--	---	---	----------------

4697
3-9-60