

2705

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Pot. Per road # 8
Ino. Town.....
City..... (No. St., Ward)
2 FULL NAME Mattie Whiteaker

Registration District No. 28671090
Primary Registration District No. 6824

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 Female
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single
6 DATE OF BIRTH June 26, 1923
(Month) (Day) (Year)
7 AGE 6 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Logan Co. Ky
10 NAME OF FATHER Clay Whiteaker
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Miranda Adley
13 BIRTHPLACE OF MOTHER (State or country) Logan Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Betty Whiteaker
(Address) Logan Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 27, 1923
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923, to Jan 27, 1923, that I last saw her alive on Jan 27, 1923, and that death occurred on the date stated above at 6:10 m. The CAUSE OF DEATH* was as follows:
Adreny
(Duration) yrs. mos. ds.
Contributory Permeant Angina
(SECONDARY)
(Duration) 1 yrs. 6 mos. ds.
(Signed) J. S. Turner, M. D.
Jan 27 1923 (Address) Logan 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, TRAN-SIENTS OR RECENT RESIDENTS)
At place of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mephersons Chapel DATE OF BURIAL Jan. 27, 1923

20 UNDERTAKER Dallis Pector ADDRESS Logan Ky

15 Filed 29, 1923 Nellie B. Bewley
REGISTRAR

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS State File No. Registered No. KENTUCKY
STANDARD CERTIFICATE OF BIRTH
1. PLACE OF BIRTH—County