

COMMONWEALTH OF KENTUCKY

30681

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty Wright

File No.

Vot. Pot. WrightRegistration District No. 1096Registered No. 10

Ina. Town

Primary Registration District No. 6846Original

City

(No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Orsa Whitaker30680(a) Residence. No. McNary, Ky. St., Ward,
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 Single Married
Widowed
or Divorced
(Write the word)16 DATE OF DEATH 12 11 31
(Month) (Day) (Year)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of17 I HEREBY CERTIFY, That I attended deceased
from 12/11/31, 1931, to 12/11, 1931,
that I last saw him alive on 12/4/11, 1931,
and that death occurred on the date stated above at 1130P.
The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH

Infection due to
hemorrhagic
fever
(Duration) 12 yrs. mos. ds.

7 AGE

Contributory

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)

18 WHERE WAS DISEASE CONTRACTED

9 BIRTHPLACE (city or town) McNary, Ky.
(State or country)

If not at place of death?

10 NAME OF FATHER Thomas Whitaker

Did an operation precede death?

11 BIRTHPLACE OF FATHER (city or town) Wright, Ky.
(State or country)

Was there an autopsy?

12 MAIDEN NAME OF MOTHER Hellie Russell

What test confirmed diagnosis?

13 BIRTHPLACE OF MOTHER (city or town) Wright, Ky.
(State or country)(Signed) L. J. Eledge, M. D.
12/17, 1931 (Address) Wright, Ky.14 (Informant) Orsa Whitaker

*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.)

(Address) McNary, Ky.15 11/10 3rd J. Chewey19 PLACE OF BURIAL OR REMOVAL Wright, Ky. DATE OF BURIAL Dec 12, 1931Filed 11/10, 193120 UNDERTAKER M. B. McDonald ADDRESS Wright, Ky.

Registrar

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