

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_

Registered No. 191

## 1. PLACE OF DEATH

Country Harriet

Vot. Pct. \_\_\_\_\_

Inc. Town \_\_\_\_\_

City OwensboroRegistration District No. 410Primary Registration District No. 2145(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Presley G. Whitaker IF VETERAN, WHAT WAR? \_\_\_\_\_(a) Residence. No. 418 Cedar 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. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frankie Whitaker6. DATE OF BIRTH Mar - 22 - 19547. AGE Years 84 Months 1 Days 25 If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Ky13. NAME Presley G. Whitaker14. BIRTHPLACE Ky15. MAIDEN NAME Anna F. Russ16. BIRTHPLACE Ky17. INFORMANT Mrs P. G. Whitaker(Address) 418 Cedar

18. BURIAL, CREMATION, OR REMOVAL

Place Elmwood Date May 19, 193819. UNDERTAKER Henry C. Holands(Address) Owensboro Ky20. FILED 5-18, 1938 Lina Cox

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 17, 1938I HEREBY CERTIFY That Presley G. Whitaker deceased from March 10, 1938 to May 17, 1938I last saw him alive on May 15, 1938, death is said to have occurred on the date stated above, at 12-00 m. The principal cause of death and related causes of importance in order of onset were as follows:Senility Date of onset

Contributory causes of impotence not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? Yes specify \_\_\_\_\_(Signed) W. L. Tyler, M.D.(Address) Owensboro Ky4648  
3-9-60

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.