

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 23485

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

County MuhlenbergVet. Post. NelsonRegistration District No. 1095Inc. Town NelsonPrimary Registration District No. 496844City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME William Whitaker(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward (If nonresident, give city or town and State)  
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of Lizzie Alford  
(or) WIFE of6. DATE OF BIRTH Sept 26th 18967. AGE Years Months Days If LESS than 1 day ..... hrs. or ..... min.  
38 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
farmer9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....  
farmer

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE Butler County Ky13. NAME Henry Whitaker14. BIRTHPLACE Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE Unknown17. INFORMANT Mrs. Lizzie Whitaker(Address) Nelson Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Nelson Date 9/28 193419. UNDERTAKER A. J. Massey(Address) Central City20. FILED 9-28 1934 Don Hapner  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9/27/193422. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934 to Sept 27, 1934.  
I last saw deceased on Sept 27 1934. Death is said to have occurred on the date stated above, at 12 P.M.  
The principal cause of death and related causes of importance in order of onset were as follows:Sarcoma of  
right hip & leg

Date of onset

Contributory causes of importance not related to principal cause:  
53Name 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 \_\_\_\_\_ If \_\_\_\_\_  
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 If so, specify \_\_\_\_\_(Signed) Ray Willis M. D.(Address) Nelson, Ky

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.