

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2184

File No. _____

Registered No. 3

1. PLACE OF DEATH

County Muhlenberg
Vet. Pct. Central City Ky
Ino. Town _____
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registration District No. 1087
Primary Registration District No. 2/352. FULL NAME Henry Jackson White(a) Residence No. _____ 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. mes. ds. How long in U. S., if of foreign birth? yrs. mes. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH June 13 18687. AGE Years 65 Months 6 Days 28 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 J. A. White14. BIRTHPLACE Tenn.15. MAIDEN NAME Mary Garrison16. BIRTHPLACE Tenn.17. INFORMANT Sains, white(Address) Central City, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Heed Cem. Date Jan. 12 193419. UNCERTAKER Arthur L. Mosley(Address) Central City, Ky.20. FILED 1-12 1934Registrar, A. S. Blaupied

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 11 193422. I HEREBY CERTIFY, That I attended deceased from Aug 1 1933 to Jan 10 1934
I last saw him alive on Oct 19 1933, death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:Disables

Date of onset

Contributory causes of importance not related to principal cause: Ground conditionsName 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? _____ If so, specify _____

(Signed) John P. Wallon, M. D.
(Address) Central City, Ky.

should be carefully supplied. PHYSICIAN 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.