

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 331. PLACE OF DEATH
County Muhlenberg
Vot. Prec. N. Central City
Inc. Town _____
City _____Registration District No. 1087
Primary Registration District No. 2435(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Adam Mann Whitehouse(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OF RACE W 5. Single, Married, Widowed or Divorced (write the word) Widowed21. DATE OF DEATH 3-22, 19375a. If married, widowed, or divorced HUSBAND of Linnie Whitehouse22. I HEREBY CERTIFY, That I attended deceased from March 22, 1937 to March 22, 1937
I last saw h. alive on March 22, 1937; death is said to have occurred on the date stated above, at 1:30 m. The principal cause of death and related causes of importance in order of onset were as follows:6. DATE OF BIRTH June 9, 1869Chronic Pneumonia Date of onset _____7. AGE Years 67 Months 9 Days 13 If LESS than 1 day..... hrs. or..... min.8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. Farmer

Contributory causes of importance not related to principal cause:

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) 1-25 11. Total time (years) spent in this occupation all lifeDysentery12. BIRTHPLACE Ky.FATHER 13. NAME D. N. Whitehouse14. BIRTHPLACE Ky.MOTHER 15. MAIDEN NAME Aggie Morris16. BIRTHPLACE Ky.17. INFORMANT Sallas Whitehouse
(Address) 410 N. 6th St.18. BURIAL, CREMATION, OR REMOVAL
Place Bluff Date 3-22, 193719. UNDERTAKER Arthur B. Mosley
(Address) Central City Ky.20. FILED 3/23, 1937 A. L. Daugherty
Registrar

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 _____ 10 _____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) J. P. Walton, M. D.(Address) Central City, Ky.

MARGIN RESERVED FOR PRINTING RECORD. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. 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.