

11109

Form V. S. 1-A

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

File No. \_\_\_\_\_  
Registered No. 152

1. PLACE OF DEATH  
County Muhlenberg  
Vot. Pot. \_\_\_\_\_  
Inc. Town Central City Ky.  
City \_\_\_\_\_

Registration District No. 1085  
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 Charles Whitehouse

(1) 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>
6. DATE OF BIRTH <u>Nov 7-1846</u>		
7. AGE <u>92</u> Years	<u>4</u> Months	<u>26</u> Days
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4-3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1937 to April 3 1939  
I last saw him alive on March 26, 1937, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
neplretic

Contributory causes of importance not related to principal cause:  
Senility

12. BIRTHPLACE Ky.

FATHER  
13. NAME William Whitehouse  
14. BIRTHPLACE Ky.

MOTHER  
15. MAIDEN NAME Polly Duke  
16. BIRTHPLACE Ky.

17. INFORMANT C. E. Whitehouse  
(Address) Central City Ky.

18. BURIAL, CREMATION, OR REMOVAL  
Place Cherry Hill Date 4-4, 1939

19. UNDERTAKER J. B. Tucker & Son  
(Address) Bremen, Ky.

20. FILED May 2, 1939 James Carter 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 \_\_\_\_\_ 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) J. P. Walter, M. D.  
(Address) Central City 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 and state CAUSE OF DEATH in plain terms, so that it may properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.