

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 14545Registered No. 391. PLACE OF DEATH  
County Muhlenberg  
Vot. Prec. N. C. 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 Charles William Whitehouse  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(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 M 4. COLOR OR RACE W 5. Single, Married, Widowed  
or Divorced (write the word)  
Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH Sept 2 18607. AGE  
Years 76 Months 7 Days 14 If LESS than  
1 day.....hrs.  
or.....min.8. 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.10. Date deceased last worked at  
this occupation (month and  
year). 11/511. Total time (years) all  
spent in this  
occupation life12. BIRTHPLACE Ky.13. NAME David W. Whitehouse14. BIRTHPLACE Ky.15. MAIDEN NAME Agnes Morris16. BIRTHPLACE Indiana17. INFORMANT Will Griffith(Address) C. C. R. P. Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Bluffs Date April 17, 193719. UNDERTAKER Arthur L. Moseler(Address) Central City Ky.20. FILED 4/16, 1937 A. L. Blandford  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 16, 1937I HEREBY CERTIFY, That I attended deceased from  
April 1, 1937 to April 16, 1937I last saw him alive on April 5, 1937; death is said  
to have occurred on the date stated above, at 3:10 m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:Gastric Carcinoma Date of  
onsetContributory causes of importance not related to  
principal cause:  
Senility

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 \_\_\_\_\_ 1937

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. 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. AGE 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.