

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlebury

Vet. Pot. North Central City Registration District No. 870

Ino. Town..... Primary Registration District No. 2435

City..... (No. 1)..... St.,..... Ward)

2 FULL NAME Alan H. Whitehouse Sr

File No. 20300

Registered No. 23

[If death occurred in a hospital or institution, give its NAME instead of street and number.]



PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH March 4, 1929  
(Month) (Day) (Year)

7 AGE 92 yrs. 4 mos. 4 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. none (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER John Whitehouse

11 BIRTHPLACE OF FATHER (State or country) Indiana

12 MAIDEN NAME OF MOTHER Josiah Rowe

13 BIRTHPLACE OF MOTHER (State or country) Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Geo. Rowe Sr (Address) Central City, Ky

15 Filed Aug 15, 1971 A. L. Blandford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 4, 1971  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1971, to July 4, 1971, that I last saw him alive on July 4, 1971, and that death occurred on the date stated above at 103 N.P. The CAUSE OF DEATH\* was as follows:

Hypertensive hemorrhage

(Duration)..... yrs..... mos. 4 ds.

Contributory Diastolic high (SECONDARY) (Duration) 6 yrs..... mos..... ds.

(Signed) J. M. Peeperson, M. D. July 4, 1971 (Address) Central City, Ky

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 6, 1971

20 UNDERTAKER Martin May ADDRESS Central City

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.