

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16894

1 PLACE OF DEATH
County of Muhlenberg
City (No. St., Ward)
2 FULL NAME Delia Whitehouse

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6 DATE OF BIRTH Sept. 25, 1856
7 AGE 64 yrs. mos. ds.
8 OCCUPATION Housekeeper
9 BIRTHPLACE Tenn.
10 NAME OF FATHER Rich Cates
11 BIRTHPLACE OF FATHER Tenn.
12 MAIDEN NAME OF MOTHER Mindy Cates
13 BIRTHPLACE OF MOTHER Tenn.

16 DATE OF DEATH June 17, 1920
17 I HEREBY CERTIFY, That I attended deceased from May 20, 1920 to June 17, 1920 that I last saw her alive on June 17, 1920 and that death occurred on the date stated above at 2:55 P.M. The CAUSE OF DEATH* was as follows:
gun shot wound (suicidal)
(Duration) 26 yrs. mos. ds.
Contributory (SECONDARY)
(Signed) J. Roy Wallis, M. D.
June 17, 1920 (Address) Cleaton, 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. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or Usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jasper Whitehouse
Cleaton, Ky.

19 PLACE OF BURIAL OR REMOVAL Millers Run DATE OF BURIAL June 18, 1920
20 UNDERTAKER J. H. Thomas ADDRESS Cleaton, Ky.

15 Filed 6-18-20, 1920 J. H. Thomas REGISTRAR

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
M. D.--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.