FORM V. S. 1-500M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9115

1 PLACE OF DEATH

County Muhlenburg

Vet. Pct. Cleaton

Registration District No. 2135

File No. .....

Registered No. 57

Inc. Town ..... Primary Registration District No. .....

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

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

2 FULL NAME Edmond Reed Whitehouse

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 16th (Month) (Day), 1882 (Year)

7 AGE: 34 yrs. 10 mos. 27 ds.

IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Coal Miner
(b) General nature of industry business or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Muhlenburg

PARENTS

10 NAME OF FATHER: Daniel H Whitehouse

11 BIRTHPLACE OF FATHER (State or country): Muhlenburg

12 MAIDEN NAME OF MOTHER: Martha Doss

13 BIRTHPLACE OF MOTHER (State or country): Muhlenburg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) V. W. Whitehouse

(Address) Cleaton Ky

15 Filed 3-13-, 1917 W. H. Moores, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: ~~April~~ March 13, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191..., that I last saw h..... alive on ....., 191..., and that death occurred on the date stated above at ..... m. The CAUSE OF DEATH* was as follows:

From Pistol Shot wounds one in left breast 4 inches ~~below~~ above nipple, one in mouth

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

Contributory (SECONDARY) .....

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

(Signed) G. B. Young Coroner, M. D.

March 14 1917 (Address) C 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: Rose Georgard

DATE OF BURIAL: 3-13, 1917

20 UNDERTAKER: J L Thomas

ADDRESS: Cleaton Ky

11—3184

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

H. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PARTICULARS 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.

HANDS RESERVED FOR MEMBER