

27672

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Mullensberg  
Vot. Pot. 25  
Ino. Town Chorton Ky  
City Chorton Ky

Registration District No. 1094  
Primary Registration District No. 68K1

File No. ....  
Registered No. 299

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

2 FULL NAME Effie Whitehouse

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)

6 DATE OF BIRTH July 27, 1882  
(Month) (Day) (Year)

7 AGE 49 yrs. 3 mos. 22 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Susan Griffin

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) May E. Woodburn  
180 10 W. 2nd Fall St.  
(Address) Chorton, Ky.

15 Filed Nov 30, 1931 Vannie Thomas  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 18, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931 to Nov 18, 1931, that I last saw him alive on Nov 17, 1931, and that death occurred on the date stated above at 2:30 p.m. The CAUSE OF DEATH\* was as follows:

Pallagra  
62  
(Duration) 2 yrs. 4 mos. 3 ds.

Contributory (SECONDARY) .....

(Signed) LeRoy Mullin, M. D.  
11-19, 1931 (Address) Bennetts, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES the (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 Millersburg DATE OF BURIAL Nov 19, 1931

20 UNDERTAKER Arthur L. Mosely ADDRESS Central City, Ky.

NOTE - 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.