FORM V. S. 1-200 M. 10-16-16

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

File No. 18155

Registered No. 19

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

1 PLACE OF DEATH
County Muhlenberg Co.
Vot. Pct. North Central City
Inc. Town
City (No. , St.; Ward)

2 FULL NAME Fanny A. A. Whitehouse

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): married

6 DATE OF BIRTH: Aug Aug 28, 1839 (Month) (Day) (Year)

7 AGE: 73 yrs. 11 mos. 17 ds. If LESS than 1 day ....hrs, or ....min.?

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

9 BIRTHPLACE (State or country): Indiana

PARENTS
10 NAME OF FATHER: morris
11 BIRTHPLACE OF FATHER (State or country): Indiana
12 MAIDEN NAME OF MOTHER: dont know
13 BIRTHPLACE OF MOTHER (State or country): dont know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. W. Rose son in law
(Address) Central City

15 Filed July 15, 1912 Registrar

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 15 (Month) (Day), 1912 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 9, 191..., to July 15, 191 2
that I last saw her alive on July 14 morning 191 2
and that death occured, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
dropsey complicated by uremia contributory

(Duration) yrs. 1 mos. ds.

Contributory (SECONDARY) uremia

(Duration) yrs. mos. 2 ds.

(Signed) J. H. Hendrick, M. D.
July 15, 1912 (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: Bluff Burial Ground — DATE OF BURIAL: July 16, 1912
20 UNDERTAKER — ADDRESS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—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.