

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

1 PLACE OF DEATH

County HarrisonVet. Post Adelphing Ky

Inc. Town .....

City .....

Registration District No. 6244

Primary Registration District No. ....

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

File No. 1291

Registered No. ....

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

FULL NAME James Whitehouse

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH June 15, 1840  
(Month) (Day) (Year)7 AGE 84 yrs. 8 mos. 7 ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work farmer (b) General nature of industry, business or establishment in which employed (or employer) .....9 BIRTHPLACE (State or country) Murkingsburg Co Ky10 NAME OF FATHER Leahy Whitehouse11 BIRTHPLACE OF FATHER (State or country) Dont Know12 MAIDEN NAME OF MOTHER Dont Know13 BIRTHPLACE OF MOTHER (State or country) Dont Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Belle Walker(Address) Adelphing Ky15 Filed W.B. Corran REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 22, 1915  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1915, to Jan 22, 1915, that I last saw him alive on Jan 22, 1915, and that death occurred on the date stated above at 1 P.M. The CAUSE OF DEATH\* was as follows:Old age w/ Rheumatism  
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) .....

(Signed) John R. Corran M. D.  
(Address) Adelphing 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 .....

19 PLACE OF BURIAL OR REMOVAL Bluff Church DATE OF BURIAL Jan 23, 191520 UNDERTAKER Jackett & Meister ADDRESS Adelphing Ky

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.