

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

25399

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. # 53
Inc. Town Central City
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 53

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

2 FULL NAME Jessie Elizabeth Whitehouse

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH October 20, 1914
(Month) (Day) (Year)

7 AGE no yrs. 11 mos. 27 ds. If LESS than 1 day... hrs, or... min.?

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

9 BIRTHPLACE (State or country) Central City, Ky.

PARENTS

10 NAME OF FATHER Roy Whitehouse

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co.

12 MAIDEN NAME OF MOTHER Rosa Edge

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roy Whitehouse
(Address) Central City, Ky.

15 Filed Nov. 1, 1915 A. L. Blandford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 27, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1915, to Oct. 27, 1915, that I last saw her alive on Oct. 25, 1915, and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH* was as follows:

Enterocolitis

(Duration) 1 mos. 12 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. Taylor, M. D.
Oct. 27, 1915 (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 Jesse Burging W DATE OF BURIAL Oct. 28, 1915

20 UNDERTAKER Matie Moore ADDRESS Central City, Ky.

* 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.