

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11171

1 PLACE OF DEATH  
County Muhlenberg  
City Paducah  
Ine. Town  
City (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

Registration District No. 1093  
Primary Registration District No. 68292 FULL NAME Kenneth Roy Whitehouse

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH \_\_\_\_\_, 1 \_\_\_\_\_  
(Month) (Day) (Year)7 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mon. \_\_\_\_\_ ds.  
IF LESS than 1  
day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min?8 OCCUPATION  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.10 NAME OF FATHER Roy Whitehouse11 BIRTHPLACE OF FATHER (State or country) Muh. Co. Ky.12 MAIDEN NAME OF MOTHER Bertie Meadows13 BIRTHPLACE OF MOTHER (State or country) Ark.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Roy Whitehouse  
(Address) Meadow 7415 Filed 4/11/26 1926 O. B. Dickie Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 10, 1926  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1926, to Apr. 10, 1926, that I last saw h. alive on Apr. 10, 1926, and that death occurred on the date stated above at 2 P. m.  
The CAUSE OF DEATH\* was as follows:Premature Birth  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) J. P. Walton, M. D.  
Apr. 10, 1926 (Address) Central 1074  
\*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 \_\_\_\_\_ 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 Logan B. G. DATE OF BURIAL Apr. 11, 192620 UNDERTAKER M. B. McDonald ADDRESS GreenvilleWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be so EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain text, so that it may be properly classified. EX. statement of OCCUPATION is very important. See instructions on back of certificate.

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