

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

12176

1 PLACE OF DEATH
County Mullins Co.
Vet. Pot. #4
Ino. Town Central City
City (No. St., Ward)

Registration District No. 870
Primary Registration District No. 2435

File No.
Registered No. 174

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

2 FULL NAME Jessie Eva Whitehouse

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 21, 1980
(Month) (Day) (Year)

7 AGE 87 yrs. mo. 11 da. If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Ohio, Co Ky

PARENTS
10 NAME OF FATHER J. E. Ferguson
11 BIRTHPLACE OF FATHER (State or country) not known
12 MAIDEN NAME OF MOTHER J. A. Fought
13 BIRTHPLACE OF MOTHER (State or country) Ohio Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. Whitehouse
(Address) Central City Ky

15 May 1, 1917 at La Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 - 22 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3-28, 1917, to 4-11, 1917, that I last saw him alive on 4-11, 1917, and that death occurred on the date stated above at 8 A.M. The CAUSE OF DEATH* was as follows:
Septic Condition

(Duration) yrs. mo. 14 da.
Contributory Being Sacculated at Child birth
(Duration) yrs. mo. da.
(Signed) Floyd T. Foley, M. D.
(Address) Central City, 1917

*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. mo. da. In the State yrs. mo. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL The Buff DATE OF BURIAL 4-23, 1917

20 UNDERTAKER ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
L. E.—Every item of information should be carefully written. All 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.