

31298

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 25

1. PLACE OF DEATH

County MuhlenburgVet. Post Bremen

Inc. Town _____

Registration District No. 1086Primary Registration District No. 6813City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Anna E. Whitmer(a) Residence. No. near Bremen St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed or Divorced (write the word) _____5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Jonathan Whitmer6. DATE OF BIRTH June 9, 18587. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
77 6 78. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Kentucky13. NAME James W. Hendrix14. BIRTHPLACE Kentucky15. MAIDEN NAME Suzanna Overhulse16. BIRTHPLACE Kentucky17. INFORMANT Mrs. A. B. Whitmer(Address) Bremen, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Scott Date Dec. 17, 193519. UNDERTAKER J. B. Tucker(Address) Bremen, Ky.20. FILED Jan 9, 1935 Dollie Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 17, 193522. I HEREBY CERTIFY That I attended deceased from Dec 14, 1935 to Dec 15, 1935I last saw him alive on Dec 17, 1935; death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:Pneumonia Date of onset _____Contributory causes of importance not related to principal cause: Cold

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) J. C. Woodburn, M. D.(Address) Bremen, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—This is a permanent record. 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.