

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. 19038  
Registered No. 43

## 1 PLACE OF DEATH

County Muhlenberg

Vet. Pct. \_\_\_\_\_

Registration District No. 1087Inc. Town Central CityPrimary Registration District No. 2435

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME Clifton P. Whitmer(a) Residence. No. \_\_\_\_\_ 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 Male 4 COLOR OR RACE White 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH July 23 1869  
(Month) (Day) (Year)7 AGE 38 yrs. 18 mos. 18 ds. IF LESS than 1  
day \_\_\_\_\_ hrs. \_\_\_\_\_  
or \_\_\_\_\_ min?8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work. Miner  
(b) General nature of industry, business or establishment in which employed (or employer). local mine9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER Loas Whitmer11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky12 MAIDEN NAME OF MOTHER Rainey Stuedel13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky14 (Informant) Levester G. Gigney  
(Address) Central City Ky.15 Filed 8/30 1927 A. L. Blandford  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 11<sup>th</sup> 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY That I attended deceased  
from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,and that death occurred on the date stated above at \_\_\_\_\_ m.  
The CAUSE OF DEATH\* was as follows:Fall of slate and rock  
in local mines crushing  
his breast and head  
instant. (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory \_\_\_\_\_  
(Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) R. G. Allen coroner, M.D.  
27.11., 19.27 (Address) Central City Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Green River Cemetery DATE OF BURIAL 8/24 192720 UNDERTAKER E. G. Underwood ADDRESS Central City

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.

MARKER REMOVED FOR READING