

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

2173

1 PLACE OF DEATH

County Muhlenberg

File No. _____

Vot. Pat. _____

Registration District No. 1087Registered No. 5Inc. Town Central CityPrimary Registration District No. 2435

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

City _____

(No. _____ St., _____ Ward)

2 FULL NAME Jake B. Whitmer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single widowed
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH January 28 1846
(Month) (Day) (Year)

7 AGE 82 yrs. 11 mos. 24 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION
(a) Trade, profession or particular kind of work. Retired Farmer

(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE
(State or country) Ky.

10 NAME OF FATHER Michael Whitmer

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Barbara Ann Shaver

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J.A. Igleheart(Address) 501 N. Third St.Central City, Ky.15 Filed 1-20 1927 A.L. Bradford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 30 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1927 to Jan 19 1927, that I last saw him alive on Jan 18 1927, and that death occurred on the date stated above at 6:30pm.

The CAUSE OF DEATH* was as follows:

Chronic Trencher's enter Nephritis(Duration) _____ yrs. _____ mos. 14 ds.

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

(Signed) Clarence Thompson, M. D.
Jan 19, 1927 (Address) Central City, Ky.
(State the Disease Causing Death, or, in deaths from Violent Causes state (1) Manner of Injury; and (2) whether Accidental, Suicidal or Homicidal.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____ at place _____ 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 Sacramento, Ky. DATE OF BURIAL 1-28 1927

20 UNDERTAKER Arthur I. Mosley ADDRESS Central City, Ky.

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S.—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.

MARRIAGE REGISTERED FOR KENTUCKY