

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

PLACE OF DEATH
County Franklin
Vol. Book 2
Inc. Town
City

Registration District No. 7122
Primary Registration District No.

File No. 11102
Registered No. 57

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

FULL NAME Luey Whitman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Mar 26 1921
(Month) (Day) (Year)

6 DATE OF BIRTH Mar 31 1892
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1921, 1917, to Mar 26 1921.

7 AGE 28 yrs. 11 mos. 25 ds.
IF LESS than 1 day ... hrs. or ... min.?

that I last saw her alive on Jan 1921.

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

and that death occurred on the date stated above at m. The CAUSE OF DEATH was as follows:
Meningitis tuberculosa

9 BIRTHPLACE (State or country) Ky

(Duration) ... yrs. ... mos. ... ds.

10 NAME OF FATHER Mr. W. Phillips

Contributory Chronic Tubercular Media
(Secondary)

11 BIRTHPLACE OF FATHER (State or country) Ky

(Duration) ... yrs. ... mos. ... ds.

12 MAIDEN NAME OF MOTHER Luey Haley

(Signed) L. C. Woodburn, M. D.

13 BIRTHPLACE OF MOTHER (State or country) Ky

....., 191... (Address) Midland, Ky.

14 THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. S. Whitman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

(Address) Bruner 17

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. in the State ... yrs. ... mos. ... ds.

15 Filed June 2 1921 W. G. Gandy REGISTRAR

Where was disease contracted, if not at place of death? ... Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Brier Creek DATE OF BURIAL Mar 27, 1921

20 UNDERTAKER J. B. Tucker ADDRESS Bruner 17

The State Board of Health 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.