

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

1 PLACE OF DEATH
County Muhlenberg

Vet. Pat. Registration District No. 6839

Inc. Town Primary Registration District No. 6839

City (No. St., Ward) Whitmer

2 FULL NAME Nellie Whitmer

File No. 25254

Registered No. _____

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE W 5 Single Single
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH Jan 17, 1912
(Month) (Day) (Year)

7 AGE _____ yrs. 6 mos. 8 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION
(a) Trade, profession or particular kind of work. None
(b) General nature of industry, business or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Wallace C Whitmer

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Mary May McCallister

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. C. Whitmer
(Address) Millsport

15 Filled Oct 16, 1925 Bessie Sparks
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 29, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to July 16, 1925, that I last saw him alive on July 14, 1925, and that death occurred on the date stated above at 11:00 a.m.

The CAUSE OF DEATH* was as follows:
Cholera Infantum

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

Contributory Milk Intoxication
(Secondary) (Duration) _____ yrs. _____ mos. 9 ds.

(Signed) J. B. Woodburn, M. D.
(Address) _____

*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 _____ yrs. _____ mos. _____ ds. 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 Brian Creek DATE OF BURIAL July 24
20 UNDERTAKER J. B. Tucker ADDRESS Bremen