

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registrar's No.

274

Registration District No.

1085

Primary Registration District No.

7471

1. PLACE OF DEATH

(a) County Muhlenberg
(b) City or town Central City Ky.
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Muhl
(c) City or town Central City Ky.
(If outside city or town limits write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

3(a) FULL NAME

Richard Henry Whitmer

3(b) If veteran, _____

3(c) Social Security _____

From war _____

5. Color or _____ (a) Single, widowed, married
(b) _____ (c) _____5(b) Name of husband or wife Marie Sumner

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Jan 9 - 1889
(Month) (Day) (Year)8. AGE: 55 Years 7 Months 25 Days
If less than one day _____ hr. _____ min.9. Birthplace Muhlenberg Co. Ky.10. Usual occupation Salesman

11. Industry or business _____

12. Name Warren P. Whitmer13. Birthplace Muhlenberg Co. Ky.14. Maiden name May Katherine Jones15. Birthplace Muhlenberg Co. Ky.16(a) Informant's name Mr. R. H. Whitmer(b) Address Central City, Ky.17. BURIAL, CREMATION OR REMOVAL Home
Date 9-3-44 194418(a) Signature of James Sumner Jones(b) Address Central City, Ky.19(a) Sept. 2 - 1944 (b) Alfred Blalock
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 194421. I hereby certify that I attended the deceased from Aug. 1944
to Sept 1 1944, that I last saw him alive on
Sept 1 1944 and that death occurred on the date
stated above at S. H. M.Immediate cause of death Cerebral thrombosis

DURATION

Due to _____

Other conditions Lymphatic Leukemia
(Include pregnancy within 3 months of death)Major findings: 74A-74A

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place
in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. P. Walton M.D.

(M. D. or other)

Address Central City Ky. Date signed 9-5-44

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.

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44-10-10-44