

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. Premery
Inc. Town No. 2, 7122
City _____ (No. _____ St., _____ Ward)

7122

File No. 33171
Registered No. 95
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

3 FULL NAME T. W. Whitmer

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
6 DATE OF BIRTH Dec 22, 1870
7 AGE 42 yrs. 11 mos. 14 ds. If LESS than 1 day... hrs. or... min.?
8 OCCUPATION Farmer
9 BIRTHPLACE (State or country) MoLean Co, Ky
10 NAME OF FATHER P. A. Whitmer
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co
12 MAIDEN NAME OF MOTHER Elizabeth Giff
13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Dec 7, 1913
17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1913, to Dec 7, 1913
that I last saw him alive on Dec 3, 1913, and that death occurred, on the date stated above, at 8:09 AM
The CAUSE OF DEATH* was as follows:

Insanity & Nephritis
Contributory Brights Disease
(Duration) 3 yrs. 14 ds.
(Signed) W. H. Moore M. D.
(Address) Sacramento, Ky
(Duration) 30 yrs. 0 mos. 0 ds.

*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 of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death?
Former or usual residence Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. W. Whitmer
(Address) Sacramento, Ky
15 Filed Dec 8, 1913 M. G. Grundy
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Shaver DATE OF BURIAL 12/8, 1913
20 UNDERTAKER T. W. Whitmer ADDRESS Sacramento, Ky

2. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. Exact percent of OCCUPATION is very important. See instructions on back of certificate.