

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Muhlenberg

Vol. Pat. Abstract # 6 7125

Inn. Town Beach Creek, Ky

File No. 2546

Registered No. 11

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

City (No. St. Ward)

FULL NAME Clara May Whitney

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
DATE OF BIRTH Jan 1, 1913
(Month) (Day) (Year)

DATE OF DEATH Jan 22, 1913
(Month) (Day) (Year)

AGE 21 yrs. 21 mos. 21 ds.
If LESS than 1 day... hrs. or... min.?

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1913, to Jan 22, 1913, that I last saw her alive on Jan 22, 1913, and that death occurred, on the date stated above, at 11th.

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

CAUSE OF DEATH* was as follows:
Burn on abdomen

BIRTHPLACE (State or country) Beach Creek, Ky, Muhlenberg Co

(Duration) yrs. 13 ds.

PARENTS
10 NAME OF FATHER Isaac Whitney
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg, Co.
12 MAIDEN NAME OF MOTHER Jessita Foster
13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

Contributory (SECONDARY) (Duration) yrs. 13 ds.

(Signed) N. F. White M. D.
1-22, 1913 (Address) Beach Creek, Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. G. Moore
(Address) Beach Creek, Ky

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death 13 yrs. 21 mos. 21 ds. In the State 13 yrs. 21 mos. 21 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

FILED 1-24, 1913 J. P. Kimmond
REGISTRAR

PLACE OF BURIAL OR REMOVAL Myrtle Chapel DATE OF BURIAL Jan 23, 1913
UNDERTAKER H. L. McRipatie ADDRESS Beach Creek, Ky

2. B.—Every item of information checked is carefully verified. 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.