

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

File No. **24016**  
Registered No. **30**

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

1 PLACE OF DEATH  
County **Muhlenberg**  
Vot. Prec. **Beech Creek** Registration District No. **872**  
Ino. Town **A 2, 2** Primary Registration District No. **842/**  
City (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
2 FULL NAME **Hettie Marie Whitney**

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) **Single**  
6 DATE OF BIRTH **Nov. 15, 1915**  
(Month) (Day) (Year)

7 AGE **10 mos. 22 ds.** IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) **Muhlenberg Co., Ky.**

10 NAME OF FATHER **William Whitney**

11 BIRTHPLACE OF FATHER (State or country) **Kentucky**

12 MAIDEN NAME OF MOTHER **Miley Harper**

13 BIRTHPLACE OF MOTHER (State or country) **Butler Co., Ky.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) **Red Morris**  
(Address) **Beech Creek Ky.**

15 Filed **9/30, 1916** **J. R. Kimmel** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH **Sept 22, 1916**  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **July 3**, 1916, to **Sept 22**, 1916, that I last saw her alive on **Sept 22**, 1916, and that death occurred on the date stated above at **8 P.M.** The CAUSE OF DEATH\* was as follows:

**Gastro-enteritis**

(Duration) **2 mos. 18 ds.**  
Contributory (SECONDARY) (Duration) **2 mos. 18 ds.**

(Signed) **Red Morris**, M. D.  
**Sept. 23, 1916** (Address) **Beech 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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death **2 mos. 18 ds.** State **2 mos. 18 ds.**  
Where was disease contracted, if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL **Watts Chapel** DATE OF BURIAL **Sept 23, 1916**  
20 UNDERTAKER **L. E. Stewart** ADDRESS **Beech Creek**

MARKED RESERVED FOR INDEXING

WRITE PLAINLY. IN 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. See instructions on back of certificate.