

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

PLACE OF DEATH  
County Muhlenberg  
Vol. No. Beech Creek  
Inc. Town # 22  
City (No. .... St., .... Ward)

Registration District No. 872  
Primary Registration District No. 8421

File No. ....  
Registered No. 24079

(If death occurred in a hospital or institution give the building instead of street and number.)

FULL NAME Leona Whitney

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH Sept 10 1879  
(Month) (Day) (Year)

7 AGE 36 yrs. 11 mos. 22 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Mead River Ky

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) R.B. Morris  
(Address) Beech Creek, Ky.

15 Filed 9/22 1916 R.B. Morris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 2 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1916, to Sept 2, 1916, that I last saw him alive on Sept 1, 1916, and that death occurred on the date stated above at 8:45 m. The CAUSE OF DEATH\* was as follows:

Typhoid fever

(Duration) ... yrs. 1 mos. 14 ds.

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

(Signed) R.B. Morris M. D.  
Sept 2, 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 ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Wyatta Chapel DATE OF BURIAL Sept 3, 1916

20 UNDERTAKER L.H. Stuart ADDRESS Beech Creek Ky.

MASSON KEENEY FOR NEGRO

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMITS RECORD

B. B.—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.