

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. 19127  
Registered No. 112

1 PLACE OF DEATH

County MuhlenbergVot. Pct. 15Registration District No. 1094

Inc. Town.....

Primary Registration District No. 6840

City.....

(No. St. Ward)

2 FULL NAME

Elmer K Whitson

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH Aug 11 1895  
(Month) (Day) (Year)

7 AGE 41 yrs. 11 mos. 28 ds. IF LESS than 1 day or min?

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

9 BIRTHPLACE (State or country) Logan Co Ky

10 NAME OF FATHER Wm Whitson

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Margie Stinson

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sis Wellcut(Address) Lewisby Ky

15 Filed Aug 16 1927 Vannie Thomas  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 9 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 4th 1927 to Aug 9 1927, that I last saw him alive on Aug 10 1927, and that death occurred on the date stated above at 5 P.m.

The CAUSE OF DEATH\* was, as follows:  
Int. Nephritis & ends -  
Carditis.  
(Duration) ..... yrs. 2 mos. 10 ds.

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

(Signed) LeRoy Curtis, M. D.  
Aug 10 1927 (Address) Chestnut St

\*State the Disease Causing Death, or, in deaths from violent Cause, 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 ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted,

If not at place of death? ..... Former or usual residence

19 PLACE OF BURIAL OR REMOVAL ELK Lick DATE OF BURIAL Aug 16 1927

20 UNDERTAKER HC Hargrave ADDRESS Lewisby

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated ACTUALLY. 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.