

N. B.—WRITE PLAINLY WITH 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. MARGIN RESERVED FOR BINDING

Form V. S. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. **8661**
 Registrar's No. **119**

Registration District No. **1085** Primary Registration District No. **7471**

1. PLACE OF DEATH:

(a) County Muhlenberg
 (b) City or town Drakesboro
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or Institution:

(If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community 17 Months
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg
 (c) City or town Drakesboro
 (If outside city or town limits, write RURAL)
 (d) Street No. _____ (If rural give precinct)
 (e) If foreign born, how long in U. S. A.? _____ year

3(a) FULL NAME Glorious June Whittinghill

3(b) If veteran, _____ 3(c) Social Security _____

Name war _____ No. _____

4. Sex Female 5. Color White 6(a) Single, single, widowed, married, divorced

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased December 30 1946
 (Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Paradise, Ky.

10. Usual occupation _____ ✓

11. Industry or business _____

FATHER { 12. Name James N. Whittinghill

13. Birthplace Beech Creek, Ky.

MOTHER { 14. Maiden name Louise Kenelett

15. Birthplace Drakesboro, Ky.

16(a) Informant's own signature Louise Whittinghill

(b) Address Drakesboro Ky.

17. BURIAL, CREMATION, OR REMOVAL
 Place Highway Cemetery April 28, 1948

18(a) Signature of funeral director Chas. W. Guinness

(b) Address Drakesboro, Ky.

19(a) 5-1-48 (Date received by local registrar) (b) Marjorie Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948

21. I hereby certify that I attended the deceased from 25 April 1948 to 27 April 1948 that I last saw him alive at 27 April 1948 and that death occurred on the day stated above at 11:00 A. M.

Immediate cause of death Brain abscess, malnutrition, sicker DURATION 2 days

Due to measles

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
 Of operations none 35-107

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R. S. Partridge, Jr. (M.D. or other)

Address Drakesboro Ky Date signed _____