

## Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

## PLACE OF DEATH

County

*Murphree*

Vol. Pat.

*Graham*

Inc. Town

City

(No.

St.

Ward)

FULL NAME

*Earl Whobrey*

Registered No.

25976

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

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If wife the word) <i>Single</i>
6 DATE OF BIRTH <i>April - 1892</i> (Month) (Day) (Year)		
7 AGE <i>21</i> yrs. - mos. - ds.		If LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>Drivener</i> (b) General nature of industry, business, or establishment in which employed (or employer). <i>Coal Mining</i>		
9 BIRTHPLACE (State or country) <i>Boppin Co</i>		

PARENTS:	10 NAME OF FATHER <i>J.P. Whobrey</i>
	11 BIRTHPLACE OF FATHER (State or country) <i>Illinois</i>
	12 MAIDEN NAME OF MOTHER <i>Ida Eelish</i>
	13 BIRTHPLACE OF MOTHER (State or country) <i>Illinois</i>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J.P. Whobrey*  
(Address) *Graham Ky*

15 Filed *10/2*, 1912. *Thos A. Gardner*  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
*10 2*, 191*2*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *9/23/1912*, to *10/2/1912*, that I last saw him alive on *10/2/1912*, and that death occurred, on the date stated above, at *3:15* p.m.

The CAUSE OF DEATH\* was as follows:  
*Solar Pneumonia*

(Duration) yrs. mos. *9* ds.

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

(Signed) *T.J. Edge*, M. D.  
(Address) *Graham Ky*

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

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death 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 <i>Concord, Hickin Co</i>	DATE OF BURIAL <i>10/3</i> , 1912
20 UMBERTAKER <i>T.C. Mabey</i>	ADDRESS <i>Graham</i>

WRITE PLAINLY WITH CAREFULNESS AND IN A FERRY SECOND

15. 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.