

Whalen, Geoena D 1918 - 1918

Log Cabin - June 14, 1918

WHALEN

Mr. and Mrs. Garnett Whalen, of Broadwell, have the sympathy of friends in the loss of their infant child on Monday. The funeral occurred at Battle Grove cemetery, Tuesday.

FORM V 9 1-9008 8 20 11

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

1 PLACE OF DEATH
Harrison
County

2 Vol. No. **Leesburg** Registration District No. **(0130)** File No. **15022**
Registered No. **723**

3 Ino. Town Primary Registration District No.
4 City **Still Boring** (No. **87**) Ward
5 FULL NAME **Infant of Garnett Whalen**

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

PERSONAL AND STATISTICAL PARTICULARS

6 SEX **Female** 7 COLOR OR RACE **White** 8 SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
Write the word

9 DATE OF BIRTH **June, 10, 1918**
(Month) (Day) (Year)

10 AGE yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

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

12 BIRTHPLACE (State or country) **Harrison, Co. Ky.**

13 NAME OF FATHER **Garnett Whalin.**

14 BIRTHPLACE OF FATHER (State or country) **Harrison, Co. Ky.**

15 MAIDEN NAME OF MOTHER **Mamie Hodges.**

16 BIRTHPLACE OF MOTHER (State or country) **Harrison, Co. Ky.**

17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Mrs. D. Whalin,**
(Address) **Cynthiana, Ky.**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 10, 1918**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **June 10, 1918**, to **June 10, 1918**, that I last saw him alive on **June 10, 1918**, and that death occurred on the date stated above at **1:30 p.m.** The CAUSE OF DEATH was as follows:
Born Dead.

20 CONTRIBUTORY (SECONDARY) (Duration) yrs. mos. ds.

(Signed) **C. H. Searcy** M. D.
June 10, 1918 (Address) **Cynthiana Ky**

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

21 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

22 PLACE OF BURIAL OR REMOVAL **Battle Grove** DATE OF BURIAL **June 11, 1918**

23 UNDERTAKER **R. B. Whaley, Cynthiana, Ky.** ADDRESS

15 Filed **June 11, 1918** **J. E. Paulk** REGISTRAR

11-2184

OCCUPATION is very important. See instructions on back of certificate.