

Whalen, Sarah Dean Turner 1872 - 1944

Form V. R. 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. 13418
 Registrar's No. 557

Registration District No. 500 Primary Registration District No. 2165

1. PLACE OF DEATH:
 (a) County FAYETTE
 (b) City or town LEXINGTON
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution:
GOOD SAMARITAN HOSPITAL
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community SEVEN DAYS 01
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State KENTUCKY (b) County HARRISON
 (c) City or town CYNTHIANA
 (If outside city or town limits, write RURAL)
 (d) Street No. PIKE STREET
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A.? 049 years

3(a) FULL NAME MRS DEAN WHALEN
 3(b) If veteran, Name war No. 3(c) Social Security No.
 4. Sex FEMALE 5. Color or race WHITE 6(a) Single, widowed, married, divorced MARRIED
 6(b) Name of husband or wife CLARENCE M. WHALEN
 6(c) Age of husband or wife if alive 73 Years
 7. Birth date of deceased JAN 27, 1872.
 (Month) (Day) (Year)
 8. AGE: Years 72 Months 4 Days 8 If less than one day hr. min.
 9. Birthplace KENTUCKY
 10. Usual occupation HOUSE WIFE.
 11. Industry or business _____
 FATHER { 12. Name PIERCE TURNER
 13. Birthplace KENTUCKY
 MOTHER { 14. Maiden name SARAH ELLEN PROBS
 15. Birthplace KENTUCKY
 16(a) Informant's own signature Sarah Whalen
 (b) Address Cynthiana Ky
 17. BURIAL, CREMATION, OR REMOVAL
 Place BATTLE GROVE CEM Date JUNE 8, 1944
 18(a) Signature of funeral director SMITH-REEB COMPANY
 (b) Address CYNTHIANA, KY. BY David R. Probs 1519
 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH JUNE 4, 1944
 21. I hereby certify that I attended the deceased from May 4 1944
 to June 4-44 1944, that I last saw him alive on
June 3-44 1944, and that death occurred on the date
 stated above at 3:00 A.M.
 Immediate cause of death:
hematuria following DURATION 1 MO.
blood stream infection DURATION 1 MO.
 Due to pneumonia DURATION 1 DAY
 Other conditions Uremia
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations NO 109-132
 Of autopsy NO

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) NO
 (b) Date of occurrence X
 (c) Where did injury occur? In or about home, on farm, in industrial place, in public place?
 (Specify type of place)
 While at work? _____ (a) Means of injury _____
 23. Signature J. M. Reeb (M. D. 8-9-44)
 Address Cynthiana, Ky Date signed _____