

Whiteker, Infant 1923 - 1923

FORM V - 1-3008 - 2-20-11

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

1 PLACE OF DEATH
County Harrison
Vol. No. Boyd Ky Registration District P 074
Inc. Town Primary Registration District No. 0241
City (No. St., Ward)

File No. 25661
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Infant

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH 1923	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Infant</u>	16 DATE OF DEATH <u>Oct 24, 1923</u>	
6 DATE OF BIRTH <u>Oct 28, 1923</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from 191..... to 191..... that I last saw h..... alive on 191..... and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows: <u>Cured Strangulation</u> (Duration) yrs. mos. ds.	
7 AGE <u>Still born</u> yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?			Contributory (SECONDARY) (Duration) yrs. mos. ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>Infant</u>			(Signed) <u>Geo. W. Berry</u> , M. D. <u>10/23, 1923</u> (Address) <u>Berry St</u>	
9 BIRTHPLACE (State or country) <u>Harrison Co.</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
PARENTS	10 NAME OF FATHER <u>Calvin Whiteker</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Harrison Co.</u>	13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.	
	12 MAIDEN NAME OF MOTHER <u>Lena Mullins</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Harrison Co.</u>	Where was disease contracted, if not at place of death? Former or usual residence	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Calvin Whiteker</u> (Address) <u>Berry, R.R. 1</u>			19 PLACE OF BURIAL OR REMOVAL <u>Sumner Cemetery</u> DATE OF BURIAL <u>10-22-1923</u>
15 Filed <u>10/24/1923</u> <u>W.H. Coolman</u> REGISTRAR			20 UNDERTAKER <u>R.P. Blair</u> ADDRESS <u>Berry St</u>	

11-7154

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