

Whiteker, Infant 1933 - 1933

Cynthiana Democrat - January 12, 1933

WHITEKER — Mr. and Mrs. Calvin Whiteker have the sympathy of many friends in the loss of their infant daughter, who died Monday afternoon and was buried in Sunrise cemetery Tuesday afternoon.

Form V. S. 1-A-50m-4-17-31

2570

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Pendleton Registration District No. 1160  
Vot. Pct. Morgan Primary Registration District No. 2086  
Ino. Town \_\_\_\_\_ City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Infant Whiteker  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>			21. DATE OF DEATH <u>Jan 9</u> , 19 <u>33</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____		
6. DATE OF BIRTH _____				I last saw h. alive on _____, 19____ death said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:		
7. AGE Year _____ Months _____ Days _____	If LESS than 1 day _____ hrs. or _____ min.			<u>Still Born</u>	Date of onset _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				Contributory causes of importance not related to principal cause: _____		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				_____		
10. Data deceased last worked at this occupation (month and year) _____				11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE <u>Pendleton Co Ky</u>				Name of operation _____ Date of _____		
13. NAME <u>Calvin Whiteker</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____		
14. BIRTHPLACE <u>Harrison Co Ky</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____		
15. MAIDEN NAME <u>Lemona E. Mullins</u>				Where did injury occur? _____ (Specify city or town, county, and State)		
16. BIRTHPLACE <u>Harrison Co Ky</u>				Specify whether injury occurred in industry, in home, or in public place. _____		
17. INFORMANT <u>Calvin Whiteker</u>				Manner of injury _____		
18. BURIAL OR REMOVAL <u>Boyd Ky</u>				Nature of injury _____		
Place <u>Sunrise</u> Date <u>Jan 10</u> 19 <u>33</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____		
19. UNDERTAKER <u>R. B. Blair</u>				(Signed <u>B. M. Manning</u> M. D.		
(Address) <u>Berry Ky</u>				(Address) <u>Cynthiana Ky</u>		
20. FILED <u>Jan 10</u> , 19 <u>33</u> <u>5:24 P.M.</u> <u>death</u>				Registered _____		

Please verify the correctness of this statement of OCCUPATION is very important. See instructions on back of certificate.