

COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5102

1 PLACE OF DEATH

County Taylor

Vot. Pct. Hatchers Creek

Inc. Town.....

City..... (No..... St..... Ward)

Registration District No. 2518  
Primary Registration District No. 6

File No.....  
Registered No. 7518

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

2 FULL NAME Elizabeth M. Whitney

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widowed  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH Nov 4 1839  
(Month) (Day) (Year)

7 AGE 85 yrs 3 mos 3 ds  
IF LESS than 1 day..... hrs. or..... min?

8 OCCUPATION  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business or establishment in which employed (or employer).....

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Wm. Richey Ky

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Mary Hurston Ky

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E.B. Whitney  
(Address) Hatchers Creek

15 Filed 2/6 1925 J.C. Buchanan Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 7 1925  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 21, 1925, to Feb 7, 1925, that I last saw her alive on Feb 5, 1925, and that death occurred on the date stated above at 9:12 p.m.

The CAUSE OF DEATH\* was as follows:  
Broncho-Pneumonia  
(Duration) ..... yrs..... mos. 21 ds.

Contributory (Secondary).....  
(Duration)..... yrs..... mos..... ds.  
(Signed) E.H. Lowry M. D.  
Feb 8, 1925 (Address) Campbellsville

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or 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 New Hope Cem DATE OF BURIAL 2-10, 1925

20 UNDERTAKER W.S. Spurling Campbellville Ky  
ADDRESS.....