1 PLACE OF DEATH (Dist. No.) (To be inserted by local Registrar) Series No. 12

County Pike

District

or

Town or City Burnwell

Division of Vital Statistics

West Virginia State Department of Health

CERTIFICATE OF DEATH 5909 (For State Use only)

No. 154-7150 St.;

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

2 FULL NAME Jim Whitlock

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male | 4 COLOR OR RACE white | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) widower

6 DATE OF BIRTH October (Month) 15 (Day) 1860 (Year)

7 AGE 76 yrs. 4 mos. ds. IF LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Boyd Ky

PARENTS

10 NAME OF FATHER Richard L White

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lanky Hall

13 BIRTHPLACE OF MOTHER (State or country) North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J L Whitlock

(Address) Spring Dale

15 Filed Feb 16, 1937 F. D. Reynolds REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb (Month) 13 (Day) 1937 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937, to Feb 15 1937 that I last saw him alive on Feb 13, 1937 and that death occurred, on the date stated above, at 12:20 p.m.

The CAUSE OF DEATH was as follows:

(Primary) Dysentery (bacillary)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

Signed C E Perry M. D.

Feb 15, 1937 (Address) Sprigg, W. Va.

NOTE: State the Disease Causing Death. In deaths from Violent Causes, State Means of Injury; and 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 | DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS