Form V. S. 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. 22988
Registrar's No. 276

Registration District No. 1085 Primary Registration District No. 7510

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Muhlenburg
(b) City or town Powderly (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

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

3(a) FULL NAME James H. Burney
3(b) If veteran, Name war 3(c) Social Security No.
4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced W
5(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Feby 25 1852 (Month) (Day) (Year)
8. AGE: Years 89 Months 7 Days If less than one day hr. min.
9. Birthplace Tenn
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name J. H. Burney
13. Birthplace Tenn
MOTHER 14. Maiden name Callie Jernigan
15. Birthplace Tenn
16(a) Informant's own signature [illegible] Burney
(b) Address Central City Ky R7D4
17. BURIAL, CREMATION, OR REMOVAL
Place Jernigan Chapel Date 9/28 1941
18(a) Signature of funeral director Greenville Funeral Home
(b) Address Greenville Ky
19(a) 9-27-41 (Date received by local registrar) Jane Reid Lovell (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Sept 26, 1941
21. I hereby certify that I attended the deceased from 19 to Sept 5 1941, that I last saw h alive on Sept 5 1941, and that death occurred on the date stated above at 4:30 P.M.

Immediate cause of death	DURATION
Heart trouble	
Due to age & sclerosis	

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? in or about home, on farm, in industrial place in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature E R Gates (M. D. or other)
Address Greenville Date signed 9-27-41