

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

21490

File No. ....

Registered No. ....

## 1 PLACE OF DEATH

County MitchellVot. Pct. E. BoggsRegistration District No. 1093

Inc. Town.....

Primary Registration District No. 6852

City.....

(No. .... St., ..... Ward)

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

2 FULL NAME Margaret Burney

(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

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 Single Married <u>married</u> Widowed or Divorced (Write the word)
------------------------	---------------------------------	--

5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6 DATE OF BIRTH Feb-4-1845  
(Month) (Day) (Year)7 AGE 82 yrs. 6 mos. 27 ds.  
IF LESS than 1 day..... hrs. or..... min?8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work. Housekeeper  
(b) General nature of Industry, business or establishment in which employed (or employer)9 BIRTHPLACE (city or town) (State or country) Mitchell Co. Ky.

PARENTS	10 NAME OF FATHER <u>W. H. Jernigan</u>
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Tenn.</u>
	12 MAIDEN NAME OF MOTHER <u>Miss Lucas</u>
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Tenn.</u>

14 (Informant) George Burney  
(Address) Cowdery - Ky.15 Filed 9/1/27 C. B. Wickliffe,  
By M. Wells. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 31, 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from April 29, 1927, to ....., 19.....  
that I last saw h..... or alive on April 29, 1927  
and that death occurred on the date stated above at..... m.  
The CAUSE OF DEATH\* was as follows:Chronic Myocarditis..... (Duration) ..... yrs. 6 mos. ds.  
Contributory Chronic Interstitial Nephritis  
(Secondary) 3 yrs. .... mos. .... ds.18 WHERE WAS DISEASE CONTRACTED  
If not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) James H. Williams M. D.9/31, 1927 (Address) Greenville Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Jernigan Chapel Sept 1, 1927

20 UNDERTAKER ADDRESS

M. B. McDonald Greenville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—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. See instructions on back of certificate.