

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

25793

 Form of DEATH
 County Mitchell
 Vol. Pat. _____ Registration District No. 1087
 Inc. Town Painted Lety Primary Registration District No. 2195
 City _____ (No. _____ St. _____ Ward _____)

File No. _____

Registered No. 76

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

2 FULL NAME Richard William Kinch

PERSONAL AND STATISTICAL PARTICULARS

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

 6 DATE OF BIRTH _____
Mar 26 1869 1. _____ 1. _____
 (Month) (Day) (Year)

 7 AGE 55 yrs. - mos. - ds. IF LESS than 1 day or _____ min?
 or _____ hrs. or _____ min?

 8 OCCUPATION
 (a) Trade, profession or particular kind of work Contractor
 (b) General nature of industry, business or establishment in which employed (or employer) _____
9 BIRTHPLACE (State or country) Kentucky
 10 NAME OF FATHER William Lewis Kinch

 11 BIRTHPLACE OF FATHER (State or country) Kentucky

 12 MAIDEN NAME OF MOTHER Rosa Kinch

 13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George W. Dentress(Address) Greenville, Ky15 Filed 11/19, 1924 - A. S. Blugher Registrar

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH November 18, 1924
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from 11-7, 1924, to 11-18, 1924, that I last saw him alive on 11-18, 1924, and that death occurred on the date stated above at 12 m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis
 (Duration) _____ yrs. _____ mos. _____ ds.

 Contributory Cerebral Haemorrhage
 (Secondary)
 (Duration) _____ yrs. _____ mos. _____ ds.

 (Signed) W. C. McNeil M. D.
11-18, 1924. (Address) Central Ky

*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 _____ 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

South Louisville, Ky 11/19 1924

20 UNDERTAKER

ADDRESS

E. J. Anderson Painted Lety