

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County *Muhlenberg*
Vol. *North Boggs 17*

File No. *23298*

Inc. Town

Registered No. *81*

City (No. *871-7137* St. Ward)

FULL NAME *James M. McCown*

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

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *white* MARRIED, WIDOWED, OR DIVORCED (Write the word) *married*

DATE OF BIRTH *June 1, 1834*
(Month) (Day) (Year)

AGE *78 yrs. 3 mos. 9 ds.* If LESS than 1 day ... hrs, or ... min.?

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

BIRTHPLACE (State or country) *Muhlenberg Co., Ky*

10 NAME OF FATHER *Joseph M. McCown*

11 BIRTHPLACE OF FATHER (State or country) *Kentucky*

12 MAIDEN NAME OF MOTHER *Bell*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Maggie Collins*
(Address) *Franklin*

15 SEP 9 - 1912
FILED *Franklin* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 9, 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *May 1st, 1912*, to *Sept 9, 1912*, that I last saw him alive on *Sept 9, 1912*, and that death occurred, on the date stated above, at *2* m.

The CAUSE OF DEATH* was as follows:
Senility

Contributory (Secondary) *slow failure* (Duration) ... yrs. ... mos. ... ds.

(Sign) *J. P. Wilson*, M. D. (Address) *Franklin*

*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 *Oak Grove* DATE OF BURIAL *Sept 9, 1912*

20 UNDERTAKER *Shannon Moore* ADDRESS *Deport Ky*

WRITE PLAINLY, WITH UNFADING INK-TING IS A PERMANENT RECORD

N. B.—Every item of information should be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact amount of OCCUPATION is very important. See instructions on back of certificate.