

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

21436

File No. ....

Registered No. ....

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

1 PLACE OF DEATH  
County Muhlenberg

Vot. Pct. ....

Registration District No. 1098

Inc. Town. ....

Primary Registration District No. 2486City Greenville

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

2 FULL NAME Henry Caleb McCracken

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single  
Married  
Widowed  
or Divorced Married  
(Write the word)6 DATE OF BIRTH May 28, 1838  
(Month) (Day) (Year)7 AGE 86 yrs. 3 mos. 13 ds.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION  
(a) Trade, profession or particular kind of work Farmer  
(b) General nature of industry, business or establishment in which employed (or employer) .....9 BIRTHPLACE (State or country)  
Marshall County, Tennessee

## PARENTS

10 NAME OF FATHER  
John McCracken11 BIRTHPLACE OF FATHER (State or country)  
North Carolina12 MAIDEN NAME OF MOTHER  
Abigail Pyles13 BIRTHPLACE OF MOTHER (State or country)  
North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. N. McCracken(Address) Greenville, Ky.15 Filed 9/11/24 1924 O. B. Wickliffe Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
September 10, 1924, 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 10, 1924, to Sept 10, 1924, that I last saw him alive on Sept 9, 1924, and that death occurred on the date stated above at 12:30 A m.The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia(Duration) ..... yrs. .... mos. 2 ds.  
Contributory (Secondary) Apoplexy  
(Duration) ..... yrs. .... mos. 20 ds.(Signed) Charles H. ... M. D.  
9/10, 1924 (Address) Greenville, 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 ..... 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 Evergreen Cemetery  
Greenville, Kentucky DATE OF BURIAL Sept. 11, 192420 UNDERTAKER Orien L. Roark ADDRESS Greenville, Ky.

MARGIN RESERVED FOR BLEEDING

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

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. See instructions on back of certificate.