

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County *Martin*

CERTIFICATE OF DEATH

File No. **28195**

Vot. Pot. *16*

Registration District No. *2136*

Registered No.

Ino. Town

Primary Registration District No.

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

City, (No. St., Ward)

2 FULL NAME *Chas. Harvie McKinley*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *W.* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(Write the word)

6 DATE OF BIRTH *Aug 29, 1919*
(Month) (Day) (Year)

7 AGE yrs. *8* mos. *7* ds. IF LESS than I day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Ky*

PARENTS
10 NAME OF FATHER *Ruth McKinley*
11 BIRTHPLACE OF FATHER (State or country) *Ky*
12 MAIDEN NAME OF MOTHER *Larry DeBrook*
13 BIRTHPLACE OF MOTHER (State or country) *Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Ruth McKinley*
(Address) *..... Ky*

15 Filed *6-19-1920* *Wm. C. Brown*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 18, 1920*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Apr. 18, 1920*, to *May 18, 1920*, that I last saw him alive on *5-17, 1920*, and that death occurred on the date stated above at *432 St.* The CAUSE OF DEATH* was as follows:

meningitis

(Duration) yrs. mos. *13* ds.

Contributory (SECONDARY) *Calities*

(Duration) yrs. mos. ds.

(Signed) *W. C. Brown*, M. D.

5-19-1920 (Address) *..... 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 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 DATE OF BURIAL
....., 191...

20 UNDERTAKER ADDRESS

WITH FADING INK--THIS IS A PERMANENT RECORD
Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION OF DEATH is very important. See instructions on back of certificate.