

7617

Form V. S. 1-50m-4-17-28

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

1 PLACE OF DEATH  
County Muhlenberg  
City Fowling  
Ino. Town.....  
City..... (No..... St.,..... Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

File No.....

Registered No.....

Vot. Pct. 1093 Registration District No.....Primary Registration District No. 68292 FULL NAME Edw McKinney(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 Male 4 COLOR OR RACE white 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)

5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6 DATE OF BIRTH July 21 1873  
(Month) (Day) (Year)7 AGE 56 yrs. 10 mos. 7 ds. IF LESS than 1  
day..... hrs.  
or..... min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Miner  
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (city or town) Indiana  
(State or country)

10 NAME OF FATHER H. F. McKinney  
11 BIRTHPLACE OF FATHER (city or town) don't know  
(State or country)  
12 MAIDEN NAME OF MOTHER M. C. Burge  
13 BIRTHPLACE OF MOTHER (city or town) don't know  
(State or country)

14 (Informant) Mrs. E. W. McKinney  
(Address) Fowling, Ky15 Filed 3/10, 1930 By C. B. Wickliffe,  
M. Wells Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 14 1930  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from Feb 14, 1930, to Feb 14, 1930,  
that I last saw him alive on Feb 14, 19.....  
and that death occurred on the date stated above at 9 P. m.

THE CAUSE OF DEATH\* was as follows:

Organic Heart troubleContributory (Secondary).....  
(Duration)..... 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) E. K. State, M. D.Feb 15, 1930 (Address) Granville 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 Davey 134 DATE OF BURIAL Feb 15 193020 UNDERTAKER M. B. McDonald ADDRESS Beesville Ky

WRITE PLAINLY, 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.