

7547

Form V. S. 2-300m-6-19-19

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. 210992

Inc. Town.....

City.....

Registration District No. 1093

Primary Registration District No. 6829

(No. St., Ward)

File No.

Registered No.

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

2 FULL NAME George McFinney

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single married
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH June 15, 1924
(Month) (Day) (Year)

7 AGE 69 yrs. mos. ds.
IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Butler Co. Ky.

10 NAME OF FATHER Finsley McFinney

11 BIRTHPLACE OF FATHER (State or country) Nant Ross

12 MAIDEN NAME OF MOTHER Miss-Glass

13 BIRTHPLACE OF MOTHER (State or country) Nant Ross

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. E. McFinney

(Address) Greenville Ky

15 Filed 3/8/24, 1924 W. Beckwith Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 7, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1924, to Mar 7, 1924, that I last saw him alive on Mar 7, 1924, and that death occurred on the date stated above at 4 P m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration) yrs. mos. 7 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) Charles Wilson, M. D.
310, 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 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 Greenville Ky DATE OF BURIAL Mar 8, 1924

20 UNDERTAKER McDonald & Hewitt ADDRESS Greenville Ky

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, and that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.