

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

File No. **24401**

1 PLACE OF DEATH  
County Wickliffe

Vot. Pct. 417

Inc. Town Sumner

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

Registration District No. 6377

Primary Registration District No. 090

Registered No.....  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Mc Kinney

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Wh 5 Single  Married  Widowed  or Divorced  (Write the word)

6 DATE OF BIRTH 1 23 1865  
(Month) (Day) (Year)

7 AGE 58 yrs. 9 mos. 9 ds. IF LESS than 1 day..... hrs. or..... min?

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

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER Andrew Jackson McKinney

11 BIRTHPLACE OF FATHER (State or country) Ky. V. a

12 MAIDEN NAME OF MOTHER Mary J. Gray

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Andy Mc Elvain (Address) Sumner Ky.

15 Filed 10/10 1923 Hattie B Bewley Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 26 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 192., to....., 192., that I last saw h..... alive on....., 192., and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH\* was as follows: Heart failure

(Duration)..... yrs..... mos..... ds.

Contributory (Secondary) Fatty Heart (Duration)..... yrs..... mos..... ds.

(Signed) E. M. Bewley, M. D. 10/10 1923 (Address) Leicester 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 Two Pherson Chapel DATE OF BURIAL Sept 21 1923

20 UNDERTAKER Mrs E. J. Hargrove ADDRESS Leitchfield 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, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.