

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **8214**
Registrar's No. **79**

Registration District No. **1085** Primary Registration District No. **7486**

1. PLACE OF DEATH:

(a) County Kuhlenberg
(b) City or town Rural
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Kuhlenberg
(c) City or town Rural
(If outside city or town limits, write RURAL)
(d) Street No. West Graham
(If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME John Wesley McKinney

3(b) If veteran, _____ 3(c) Social Security
Name war _____ No. _____

4. Sex Male 5. Color or race white 6(a) Single, widowed, married, divorced. divorced

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. min.

9. Birthplace Logan Co.

10. Usual occupation retired Farmer

11. Industry or business _____

FATHER 12. Name William McKinney

13. Birthplace Virginia

MOTHER 14. Maiden name Liddie Johnson

15. Birthplace Logan Co., Ky.

16(a) Informant's own signature Virgil Martin

(b) Address Graham Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Corleys Channell Date Mar 17 1940

18(a) Signature of funeral director Sarbut Gay

(b) Address Greenville Ky

19(a) March 17, 1940 (Date received by local registrar) (b) James Oates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 1940

21. I hereby certify that I attended the deceased from Feb 20 1940
to Mar 10 1940, that I last saw him alive on
Mar 10 1940, and that death occurred on the date
stated above at 12:00N M.

Immediate cause of death _____ DURATION

Flu

Due to _____

3/17

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place
in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 9630

23. Signature J. C. Woodburn (M. D. or other)

Address Greenville Ky Date signed _____