

## COMMONWEALTH OF KENTUCKY

State Department of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. 2701Registered No. 2701

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

1 PLACE OF DEATH

County, MitchellVet. Pat. # 82Inc. Town, DrakesboroCity, DrakesboroRegistration District No. 1088Primary Registration District No. 68220St. St. Mary

Ward

2 FULL NAME Lena M. McKenney

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Single  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Mar- 5- 1880  
(Month) (Day) (Year)7 AGE 43 yrs. 8 mos. 1 da. IF LESS than 1 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.10 NAME OF FATHER Frank McKenney11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER Lena Kates13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank McKenney(Address) Browder Ky.15 Filed Jan-8, 1923 J. R. Kimmel Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 6 1923  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1922 to Jan 6, 1923, that I last saw him alive on Jan 6, 1923, and that death occurred on the date stated above at 12 a.m.The CAUSE OF DEATH\* was as follows:  
Cancer(Duration) 0 yrs. 0 mos. 0 ds.

Contributory (Secondary)

(Duration) 0 yrs. 0 mos. 0 ds.  
(Signed) W. W. Proctor, M. D.  
177, 1923 (Address) Drakesboro 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 1 yrs. 0 mos. 0 ds. in the State 1 yrs. 0 mos. 0 ds.

Where was disease contracted,

if not at place of death?

Former or Usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Rhodegraves 1-7-23

20 UNDERTAKER ADDRESS

J. R. Kimmel Drakesboro

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. Fact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGE REEVEZ FOR READING