

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

15305

PLACE OF DEATH  
County Morehead  
Vol. No. Johnson  
Ins. Town.....  
City..... (No. .... St. .... Ward)

Registration District No. 7140  
Primary Registration Dist. No.....

File No.....  
Registered No. 21

(If death occurred in a hospital or institution, give the full name of the hospital or institution.)

FULL NAME Lizzie McKinney

**PERSONAL AND STATISTICAL PARTICULARS**

1 SEX Female 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow  
(Write the word)

4 DATE OF BIRTH about 1837  
(Month) (Day) (Year)

7 AGE about 80 yrs. - mos. - ds. 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) none

9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (State or country) "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jacob Gibson  
(Address) Johnson

15 Filed 5/27, 1917 McKinney  
R0007000

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH May 26, 1917.  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 191...., to..... 191...., that I last saw h..... alive on..... 191.... and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH\* was as follows:  
Deprivation of age.  
No Physician  
(Duration)..... yrs..... mos..... ds.

Contributory..... (Duration)..... yrs..... mos..... ds.  
(Signed) Jacob Gibson  
5/27, 1917. (Address) Johnson

\*On the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Nature of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCIENTS OR RECENT RESIDENTS) In the At place of death..... yrs..... mos..... ds. State..... yrs..... mos..... ds. Where was disease contracted, if not at place of death? Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Wm DATE OF BURIAL 5/28, 1917

20 UNDERTAKER Thomson & Co ADDRESS Dysart