

29814

Form V. B. 1-A
DEPARTMENT OF COMMERCE
Bureau of the CensusCOMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHState File No. _____
Registrar's No. 366Registration District No. 15 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Wuhlenberg
(b) City or town _____
(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 Ky. (b) County Frankl.
(c) City or town Gene Sea
(If outside city or town limits write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME Lucy Ann McKinney
3(b) If veteran, _____ 3(c) Social Security _____
Name was _____ No. _____

4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced _____
6(b) Name of husband or wife John McKinney
6(c) Age of husband or wife if alive _____

7. Birth date of deceased May 8 1888
(Month) (Day) (Year)
8. AGE: 82 years 8 months 26 days If less than one day _____ min.

9. Birthplace Kentucky
10. Usual occupation _____
11. Industry or business _____

12. Name Johnson
13. Birthplace Kentucky
14. Maiden name unknown
15. Birthplace _____

16(a) Informant's own signature Novel Baggett
(b) Address Wapkesville Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date Dec. 5, 1941

18(a) Signature of funeral director Greenville
(b) Address Greenville, Ky.

19(a) 12-5 (Date received by local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Dec. 4 1941
21. I hereby certify that I attended the deceased from Nov. 25, 1941 to Dec. 4, 1941, that I last saw alive on Nov. 25 1941, and that death occurred on the date stated above at 9:15 A.M.

Immediate cause of death Lobar Pneumonia

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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 _____

22. Signature L. G. Argabrite, M.D.
(M. D. or other)
Address Greenville, Ky. Date signed Dec. 4, 1941.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.