

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County of *Muhlenberg*

CERTIFICATE OF DEATH

Vol. No. *15*

Registration District No. *1094*

File No. *5056*

Inc. Town *Herman*

Primary Registration District No. *6540*

Registered No. *38*

City *London*

(No. *1*)

St.,

Ward

[If death occurred in a hospital or institution, give its name instead of street and number.]

2 FULL NAME *Mattie Lue McKinney*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

16. DATE OF DEATH *Feb 21 1926*
(Month) (Day) (Year)

6 DATE OF BIRTH *March 22, 1892*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 21*, 1926, to *Feb 21*, 1926, that I last saw *her* alive on *Feb 21*, 1926, and that death occurred on the date stated above at *4:30 p.m.* The CAUSE OF DEATH* was as follows:

7 AGE *33 yrs. 11 mos. 18 ds.* IF LESS than 1 day... hrs. or... min.?

Pneumonia
(Duration).... yrs.... mos. *14* ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work. *Housewife* (b) General nature of industry business or establishment in which employed

Contributory (SECONDARY) (Duration).... yrs.... mos.... ds.

9 BIRTHPLACE (State or country) *Ky.*

(Signed) *Chas. W. Thomas*, M. D. *Feb 22, 1926* (Address) *Clinton Ky*

PARENTS

10 NAME OF FATHER *Morgan Vaughan*

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

12 MAIDEN NAME OF MOTHER *Kate Thompson*

13 BIRTHPLACE OF MOTHER (State or country)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)..... (Address) *Van Lear*

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

15 Filed *Feb 25, 1926* *Vannie Thomas* REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *McHenry St* DATE OF BURIAL *2-22-26* 20 UNDERTAKER *J. L. Lewis* ADDRESS *Clinton 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. Instructions on back of certificate.