

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. See instructions on back of certificate.

Form V. S. 1-A

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

15860

1. PLACE OF DEATH  
 County Mulenburg  
 City Greenville

Registration District No. 1685  
 Primary Registration District No. 2436

File no. \_\_\_\_\_  
 Registered No. 174

2. FULL NAME R. L. McKinney IF VETERAN, WHAT WAR? \_\_\_\_\_

(a) Residence, No. Dunbar Ky St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>	
6. DATE OF BIRTH <u>Feb 26 1888</u>			
7. AGE	Years <u>88</u>	Months <u>2</u>	Days <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Retired Blacksmith</u>			
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH <u>May 9th</u> 19 <u>41</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>5-9-41</u> 10 to <u>5-9-41</u> 10 I last saw him alive on _____ 10 death is said to have occurred on the date stated above, at <u>9:15 P.M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Shock (Clymal), cerebral congestion, fracture of skull</u>
Contributory causes of importance not related to principal cause: <u>1792</u>
Date of onset

12. BIRTHPLACE Butler Co Ky

FATHER 13. NAME John McKinney

14. BIRTHPLACE Ky

MOTHER 15. MAIDEN NAME Thornton

16. BIRTHPLACE Ky

17. INFORMANT A. M. Hudson

(Address) Livermore Ky

18. BURIAL, CREMATION, OR REMOVAL  
 Place Mc Kenney Cem Date May 11 1941

19. UNDERTAKER W. B. Hight

(Address) Livermore Ky

20. FILED 7-9-41 19 \_\_\_\_\_

Name of operation Repair skull Date of 5-7-41  
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? 5-9-41 date of injury \_\_\_\_\_  
 Where did injury occur? Highway  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Highway  
 Nature of injury Struck by car

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) W. B. Hight M. D.  
 (Address) Greenville Ky.

Jane Reid Lovell  
 Registrar

R. R. C.