

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 17
Registered No. 107

1 PLACE OF DEATH

County Martin

Vet. Pat. X8

Registration District No. 1085

Ine. Town Pharos

Primary Registration District No. 2607

City Pharos (No. 157 St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arusan P. McKinney

(a) Residence. No. Pharos 157 St., _____ Wa. _____
(Usual place of abode) (If death occurred in a hospital or institution, 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.

DELAY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed

6a. If married, widowed, or divorced Married to Jim McKinney
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 15, 1867

7. AGE	Years	Months	Days	if LESS than 1 day	
<u>76</u>	<u>10</u>	<u>17</u>	<u>1</u>	hrs.	min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8

10. Date deceased last worked at this occupation (month and year) 4-1-1934 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Martin Co Ky

13. NAME Sarah Kimmel

14. BIRTHPLACE (city or town) (State or country) Martin Co Ky

15. MAIDEN NAME Arusan P Jenkins

16. BIRTHPLACE (city or town) (State or country) Martin Co Ky

17. INFORMANT Ray W. E. Carter
(Address) Pharos 157

18. BURIAL, CREMATION, OR REMOVAL
Place Central Union Date _____, 1934

19. UNDERTAKER Kimmel Funeral Home
(Address) Martin Co Ky

20. FILED 4-13-34 1944 J. P. Walker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2, 1944

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1944 to April 2, 1944
I last saw h^e alive on March 30, 1944, death is said to have occurred on the date stated above, at 3:30 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:

myoplegic (hyper-tension)

Contributory causes of importance not related to principal cause:
Hyper-tension 83A-102

Name of operation _____ Date of _____
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? _____ Date of injury _____ 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

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

(Signed) J. P. Walker, M. D.
(Address) Central City Ky

MARGIN RESERVED FOR BINDING

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.