

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. .OE 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 instruction on back of certificate.

Form V. S. 1-A

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

File No. 19570
Registered No. _____

1. PLACE OF DEATH
County Muhlenberg
Vot. Pct. E. Gardner
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs. Susan McPinney
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of a home) (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				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>		21. DATE OF DEATH <u>July 14, 1937</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>July 12, 1937</u> to <u>July 12, 1937</u> . I last saw <u>h</u> alive on <u>July 12, 1937</u> , death is said to have occurred on the date stated above, at <u>4:30 a. m.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Cerebral aneurysm</u>	
6. DATE OF BIRTH <u>March 6</u>				Contributory causes of importance not related to principal cause: <u>1/20</u>	
7. AGE <u>78</u>	Years	Months	Days		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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 _____					
12. BIRTHPLACE <u>Warren Co. Ky.</u>					
13. NAME <u>Mr. Lewis</u>					
14. BIRTHPLACE <u>Scott Knaw</u>					
15. MAIDEN NAME _____					
16. BIRTHPLACE _____					
17. INFORMANT <u>Herbert Martin</u> (Address) <u>Greenwood 74</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Coakley's Chapel</u> Date <u>July 15, 1937</u>					
19. UNDERTAKER <u>M. B. McLaughlin & Co.</u> (Address) <u>Greenville Ky.</u>					
20. FILED <u>July 15, 1937</u> <u>Hubert Brock</u> Registrar					
				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 _____ <u>24/6/37</u> <u>7-8-37</u> (Signed) <u>J. C. Woodburn</u> , M. D. (Address) <u>Greenville Ky.</u>	