

## Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

PLACE OF DEATH  
 County Middleburg Co  
 Vol. Pat. West Courthouse  
 Inc. Town Greenville  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 10825Registered No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)FULL NAME Martha Mariah McKinay

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
DATE OF BIRTH <u>April 23, 1847</u> (Month) (Day) (Year)		
AGE <u>67 yrs. 11 mos. 26 ds.</u>		IF LESS than 1 day... hrs. or... min. 7
OCCUPATION (a) Trade, profession, or particular kind of work. <u>housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (state or country) <u>Middleburg Co Ky</u>		

PARENTS	10 NAME OF FATHER <u>H. W. McKinay</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Fayette Co Ky</u>
	12 MAIDEN NAME OF MOTHER <u>Sarah Scott</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>South Carolina</u>

11 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. C. Coars  
(Address) Greenville KyFiled 4/13, 1915 B. B. Winniford  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH <u>April 12, 1915</u> (Month) (Day) (Year)
15 I HEREBY CERTIFY, That I attended deceased from <u>June, 1914</u> , to <u>April 12, 1915</u> , that I last saw her alive on <u>April 12, 1915</u> , and that death occurred, on the date stated above, at <u>4 P.</u> The CAUSE OF DEATH* was as follows: <u>Chronic Interstitial Nephritis</u>
(Duration) <u>1</u> yrs. ... mos. ... ds.

Contributory (secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. ... mos. ... ds.  
(Signed) Clara Wilson M. D.  
2/12, 1915 (Address) Central City Ky\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.  
(13) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 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 \_\_\_\_\_14 PLACE OF BURIAL OR REMOVAL  
Evergreen Cemetery  
DATE OF BURIAL 4/13, 1915  
15 UNDERTAKER  
Oren L. Roark  
ADDRESS  
Greenville Ky

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S. 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.