

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

State File No. **9453**
Registration No.

S.—WHITE PLAINLY WITH HADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully examined. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified and statement of OCCUPATION is very important.

1. PLACE OF DEATH: (a) County <u>BARTH</u> (b) City or town <u>SALT-LICK</u> (c) Name of hospital or institution (d) If not in hospital or institution write street, number or residence (e) Length of stay in hospital or community (f) Years, months or days		2. USUAL RESIDENCE OF DECEASED: (a) State <u>KY</u> (b) County <u>BARTH</u> (c) City or town <u>SALT-LICK</u> (d) If outside city or town limits, write RURAL (e) Street No. (f) If rural give post office (g) If foreign born, how long in U. S. A. _____ years	
3. FULL NAME <u>LENA MAY MCKENZIE</u>		MEDICAL CERTIFICATION	
4. If widow, Name of husband or wife <u>WHITE</u>		5. Social Security No. <u>WILSON</u>	
6. Name of husband or wife		7. DATE OF DEATH <u>Feb - 3 1965</u>	
8. Age of husband or wife if alive		9. I hereby certify that I witnessed the deceased from <u>Jan 1 1964</u> to <u>Feb 3 1965</u> and that I last saw her alive on <u>Jan 10 1965</u> and that death occurred on the date stated above at <u>5 P.M.</u>	
10. Birth date of deceased <u>Oct 11 1884</u>		11. Immediate cause of death <u>anemia of pernicious</u>	
12. Age: Years <u>60</u> Months <u>0</u> Days <u>0</u> If less than one day <u>M.</u> AM.		13. DURATION	
14. Birthplace <u>KENTUCKY</u>		15. Date of:	
16. Usual occupation <u>HOUSEWIFE</u>		17. Other conditions <u>Unstable pregnancy within 3 months of death</u>	
18. Industry or business		19. Major findings:	
20. Name <u>WALLACE - MCKENZIE</u>		21. Of operation <u>570</u>	
22. Birthplace <u>KENTUCKY</u>		23. Of surgery	
24. Mother's name <u>LAWRENCE</u>		25. If death was due to external causes, fill in the following:	
26. Birthplace <u>KENTUCKY</u>		(a) Accident, suicide, or homicide (Specify)	
27. Informant's own signature <u>Wallace McKenzie</u>		(b) Date of occurrence	
28. Address <u>SALT-LICK KY</u>		(c) Where did injury occur? in or about home, on farm, in industrial place, in public place?	
29. BURIAL, Cremation, or Removal Place <u>Coved Gap</u> Date <u>FEB 5 1965</u>		30. Occupancy type of place	
31. Signature of funeral director <u>Harrison & Powell</u>		32. While at work? <u>No</u> Date of injury <u>None</u>	
33. Address <u>SALT-LICK KY</u>		34. Signature <u>H.C. Johnson</u> Date signed <u>7/2/65</u>	
35. Address <u>McGinnisville</u> Date signed <u>7/2/65</u>		(Specify location of fatal injuries)	
36. (For relatives to read required)		(Relatives signature)	