

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Bell
Vol. No. 5106
Loc. Town Salt Lick, Ky.
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 17
Primary Registration Dist. No. 5106

File No. 6723
Registered No. _____

FULL NAME Lillie June McKenzie

(If death occurred in a hospital or institution give in full the name of the street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White MARRIED, WIDOWED, OR DIVORCED Married

DATE OF BIRTH June 4, 1876
(Month) (Day) (Year)

AGE 40 yrs. 9 mos. 14 ds. 1 hr. 1 min.

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (State or country) Bowling, Ky.

NAME OF FATHER John Nancy

BIRTHPLACE OF FATHER (State or country) Morgan Co., Ky.

MAIDEN NAME OF MOTHER May Johnson

BIRTHPLACE OF MOTHER (State or country) Bowling, Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wallace McKenzie
(Address) Salt Lick, Ky.

Filed 3/19, 1916. W. C. Alexander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 12th, 1915, to March 18th, 1916, that I last saw her alive on March 18th, 1916, and that death occurred, on the date stated above, at P.M.. The CAUSE OF DEATH^a was as follows:

Carcinoma of Uterus
(Duration) 7 mos. 6 ds.

Contributory None
(Duration) _____

(Signed) Allen W. McCreesh, M. D.
3/19, 1916. (Address) Warren, Ky.

^aState the DISEASE CAUSING DEATH, or its death from TOXIC CAUSE, and (1) NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

LENGTH OF RESIDENCE (For hospitals, institutions, transient or recent residents)
At place of death _____ In the State _____
Where was disease contracted, if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL James Cemetery DATE OF BURIAL 3/19, 1916

UNDERTAKER Thos. Roger ADDRESS Salt Lick, Ky.

WHITES PLAINLY, WHITE SUPERFINE RED-YELLOW IS A PERMANENT MARKING
Every issue of instructions should be carefully read. AGE should be stated in full. PROFESSION should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
important. See last-mentioned on back of certificate.