

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

1 PLACE OF DEATH  
County Putnam  
Civil Dist. 11  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE  
STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

Registration District No. 725  
Primary Registration District No. 11

File No. 54  
Registered No. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Burkett McKinley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. Single  
(Write the word)  
6 DATE OF BIRTH Oct 10, 1916  
(Month) (Day) (Year)  
7 AGE 5 yrs. 4 mos. 6 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Tennessee

PARENTS  
10 NAME OF FATHER J. C. McKinley  
11 BIRTHPLACE OF FATHER (State or country) Tennessee  
12 MAIDEN NAME OF MOTHER Minnell Madley  
13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) E. D. Gross, M.D.  
(Address) Chestnut Mid. Tenn.

15 Filed May 10, 1922 W. R. Medley  
REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 16, 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1922 to Feb 16, 1922, that I last saw him alive on Feb 16, 1922 and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH \* was as follows: 10  
Laryngeal Diphtheria  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) E. D. Gross M. D.  
Feb 16, 1922 (Address) Chestnut Mid.  
\* State the DISEASE CAUSING DEATH, or, in deaths from Violence, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 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 \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_  
20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_