

Rankin, James Arthur 1880 - 1915

Form V B 1-ROOM 3-29-12

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

County Harmon
Vol. For Bumberg and
Ino. Town Cynthiana
City Cynthiana
No. 503 Wilson Ave. St. 1st Ward

Registration District No. 480
Primary Registration District No. 2240

File No. 14558
Registered No. 2

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

FULL NAME James Arthur Rankin

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED married

DATE OF BIRTH Nov 16, 1880
(Month) (Day) (Year)

AGE 34 yrs. 7 mos. 8 ds. IF LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER J. H. Rankin
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Martha Muller
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Louis Krauss
(Address) Cynthiana, Ky.

15 James A. Rankin REGISTRAR

CERTIFICATE OF DEATH

16 DATE OF DEATH June 24, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1915, to June 24, 1915, that I last saw him alive on June 24, 1915, and that death occurred on the date stated above at 16 m. The CAUSE OF DEATH was as follows:
Suicide by shooting self in head with pistol as shown at request.

(Duration) 2 yrs. 7 mos. 8 ds.
Contributory not known
(Duration) 2 yrs. 7 mos. 8 ds.
(Signed) David C. Wells Coroner
June 24, 1915 (Address) Cynthiana, Ky.

State the DISEASE CAUSING DEATH, or, in case of VIOLENCE, the 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 2 yrs. 7 mos. 8 ds. In the State 2 yrs. 7 mos. 8 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Battle Grove DATE OF BURIAL June 26, 1915
20 UNDERTAKER Smith - Wells Co ADDRESS Cynthiana, Ky.

11-5184

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