

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

1 PLACE OF DEATH

County *Mullerberg*

Vot. Prec. *West End* District No. *871*

Ino. Town..... Primary Registration District No. *2436*

City *Greenville* (No. .... St., ..... Ward)

1 FULL NAME *Silas Rened*

File No. *19273*

Registered No. *58*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *negro* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

6 DATE OF BIRTH *0* *1829*  
(Month) (Day) (Year)

7 AGE *85* yrs. *0* mos. *0* ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer) *Common Labor*

9 BIRTHPLACE (State or country) *Mullerberg*

10 NAME OF FATHER *unknown*

11 BIRTHPLACE OF FATHER (State or country) *unknown*

12 MAIDEN NAME OF MOTHER *unknown*

13 BIRTHPLACE OF MOTHER (State or country) *unknown*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Mary Duke*

(Address) *Powderly Ky*

15 Filed *July 30* 1914 *J. H. Muller* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 29* 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That attended deceased from *July 1*, 1914, to *July 29*, 1914, that I last saw him live on *July 29*, 1914, and that death occurred on the date stated above at *9:30* p.m. The CAUSE OF DEATH\* was as follows:

*Paralysis*  
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) *old age*  
(Duration) ... yrs. ... mos. ... ds.

(Signed) *A. Corbelli* M. D.  
*July 30*, 1914 (Address) *Greenville*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES 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 *West End* DATE OF BURIAL *July 30*, 1914

20 UNDERTAKER *James E. George* ADDRESS *Greenville*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

2. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact instructions on OCCUPATION to very important. See instructions on back of certificate.