

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

File No. **23310**

PLACE OF DEATH

County **Muhlenberg**

Vet. For. **Nelson**

Registration District No. **7139**

Ino. Town

Primary Registration District No.

Registered No.

City

(No. St., Ward)

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

1 FULL NAME **Reason Howard Eversley**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male**
4 COLOR OR RACE **White**
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
(Write the word)

6 DATE OF BIRTH **6 5 1940**
(Month) (Day) (Year)

7 AGE **72 2 1/2**
yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) **McClain Co. Ky**

10 NAME OF FATHER **Simon Eversley**

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

12 MAIDEN NAME OF MOTHER **Mary Elizabeth Eversley**

13 BIRTHPLACE OF MOTHER (State or country) **McClain Co. Ky**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Jess. Boone**
(Address) **Nelson, Ky**

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Sept. 22 1912**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Mar. 10, 1911**, to **Sept. 18, 1912**, that I last saw him alive on **Sept. 19, 1912**, and that death occurred on the date stated above at **28 1/2** m. The CAUSE OF DEATH* was as follows:

Tuberculosis of the lungs

(Duration) **8** yrs. **8** mos. **2** ds.
Contributory **Exposure**
(SECONDARY) (Duration) **8** yrs. **8** mos. **2** ds.

(Signed) **R. D. Newry**, M. D.
9-21-1912 (Address) **Nelson**

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE IN HOSPITALS, INSTITUTIONS, TRANSIENTS OR...
At place of death **in the Co of mullen**
of death **8** yrs. **8** mos. **2** ds. State **8** yrs. **8** mos. **2** ds.
Where was disease contracted **by the rebellion!**
If not at place of death? **7/7/11**
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL **Equus** DATE OF BURIAL **Sept. 23 1912**

20 UNDERTAKER **R. J. Newry** ADDRESS **Nelson, Ky**

REGISTRAR

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

M. D.—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 interpreted correctly. Full statement of OCCUPATION is very important. See instructions on back of certificate.