

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

27650

1 PLACE OF DEATH

County Marshall

Vot. Pot. # 32

Registration District No. 1089

Ino. Town Lawrence

Primary Registration District No. 6822

City

(No. St. Ward)

File No.

Registered No. 27

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

2 FULL NAME Lawrence Edward Reggy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Color 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Nov 2, 1905
(Month) (Day) (Year)

7 AGE 19 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)

9 BIRTHPLACE (State or country) Marshall County, Ky.

PARENTS

10 NAME OF FATHER Jacob Reggy

11 BIRTHPLACE OF FATHER (State or country) Marshall County, Ky.

12 MAIDEN NAME OF MOTHER Clara Mae Meyer

13 BIRTHPLACE OF MOTHER (State or country) Marshall County, Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob Reggy

(Address) Lawrence, Ky.

15 Filed 11-9-25 J. K. Kimmel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11 7 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 11/7, 1925, to 11/7, 1925, that I last saw him alive on 11/7, 1925, and that death occurred on the date stated above at 11 a.m. The CAUSE OF DEATH* was as follows:

Stroke
(Duration) yrs. mos. ds.

Contributory (SECONDARY) Stroke
(Duration) yrs. mos. ds.

(Signed) L. V. P. Hunter, M. D.
11/9/25, 1925 (Address) Lawrence, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state 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 Brooksville DATE OF BURIAL Nov 5, 1925

20 UNDERTAKER Blake Finch ADDRESS Drakesboro

WRITE PLAIN 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.