

4641

Form T. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 29

Registration District No. 1085 Primary Registration District No. 2437

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Drakesboro, Ky
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State 19 (b) County Mald
(c) City or town Drakesboro, Ky
(If outside city or town limits write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Albert M. Reynolds
3(b) If veteran, _____ 3(c) Social Security _____
Name war _____ No. _____

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced _____

5(b) Name of husband or wife _____

5(c) Age of husband or wife if alive _____ Years _____

7. Birth date of deceased Unknown
(Month) _____ (Day) _____ (Year) _____

8. AGE: 84 Years _____ Months _____ Days _____
If less than one day _____ hr. _____ min.

7. Birthplace Ligon Co. Ky.

10. Usual occupation Printer

11. Industry or business _____

FATHER 12. Name Richard M. Reynolds

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16(a) Informant's own signature James Smith

(b) Address Drakesboro, Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place Browder Date 2-7 1942

18(a) Signature of funeral home Smith Funeral Home

(b) Address Drakesboro, Ky.

19(a) 2-7-1942 (Date received by local registrar) (b) A. LeBlond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5 1942

21. I hereby certify that I attended the deceased from _____ 19 _____
to _____ 19 _____, that I last saw him alive on _____

stated above at 2:20 A. M.

Immediate cause of death _____

Due to apoplexy.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of apoplexy

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place
in public place? _____

White at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. B. Tucker, Co. (M. D. or other)

Address Central Ky Date signed 2-5-42

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UPWARD INK—THIS IS A PERMANENT RECORD. 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 statement of OCCUPATION is very important.