

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

5885

1 PLACE OF DEATH
County Muhlenberg
Vot. Pot. Nelson Ky
Inc. Town
City

Registration District No. 7129
Primary Registration District No.

File No.
Registered No. 2
(If death occurred in a hospital or institution give its name (street or street and number.)

2 FULL NAME Myrtle Corina Reed (No. St., Ward)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(Write the word)

6 DATE OF BIRTH Sept 26th 1916
(Month) (Day) (Year)

7 AGE 4 yrs. 12 mos. 12 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg

10 NAME OF FATHER Mullard & Reed

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg

12 MAIDEN NAME OF MOTHER Fannie E. Murphy

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. F. Reed

(Address) Nelson St

15 Filed 2/9 1916 St. Maple REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 8 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191... to 191... that I last saw h... alive on 191... and that death occurred on the date stated above at ... m. The CAUSE OF DEATH* was as follows:

Cause of Death: Polkemia

(Duration) ... yrs. ... mos. ... ds.
Contributory (SECONDARY) ... yrs. ... mos. ... ds.
(Signed) Geo. B. Young, M.D.
2-9th 1916 (Address) City Ky

*State the DISEASE CAUSING DEATH, or, in deaths from TOILET 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 Kirchels' Bluff DATE OF BURIAL Feb 9 1916

20 UNDERTAKER C.R. Remy ADDRESS Nelson Ky

WRITE PLAINLY WITH INK. THIS IS A PERMITS RECORD

M. B.—Every item of information should be carefully supplied. All streets 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.

MARCH RESERVED FOR INDEX