

DEPARTMENT OF COMMERCE  
Bureau of the CensusDepartment of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registrar's No.

# 37

Registration District No.

100

Primary Registration District No.

7504

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Drakesboro  
(If outside city or town limits, write RURAL)  
(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 19 yrs.  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Muhl.  
(c) City or town Drakesboro  
(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.?

## 3(a) FULL NAME

Pearl Barnard Reed

## 3(b) If veteran,

## 3(c) Social Security

Name war

No.

4. Sex F. 5. Color or race Col. 6(a) Single, widowed, married, divorced married7(b) Name of husband or wife George Reed, Sr.7(c) Age of husband or wife if alive 82 years7. Birth date of deceased Jan. 28, 1885  
(Month) (Day) (Year)8. AGE: Years 56 Months 7 If less than one day hr. min.7. Birthplace Near Paradise10. Usual occupation Housewife11. Industry or business HomeFATHER { 12. Name Richard Barnard13. Birthplace Ohio CountyMOTHER { 14. Maiden name Rachel Culverson15. Birthplace Unknown16(a) Informant's own signature George W. Reed.(b) Address Drakesboro Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Smith Cemetery Date Sept 17, 194118(a) Signature of funeral director Smith & Son(b) Address Drakesboro Ky.19(a) 10-8-41 (Date received by local registrar)(b) Jane R. Linnell (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14, 194121. I hereby certify that I attended the deceased from Sept 6, 1941 to Sept 14, 1941 and that death occurred on the date stated above at 6:00 P. M.

Immediate cause of death

Apoplexy (unconscious) 9 Days

Due to

Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence None

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

in public place?

no injury

(Specify type of place)

While at work?

None (e) Means of injury None23. Signature H. D. NewmanAddress Drakesboro Ky. Date signed Sept 17, 1941

## DURATION

9 Days1 year10/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-4110/27-11/27-41

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of OCCUPATION is very important.