

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

12638

PLACE OF DEATH
County Hubbardsburg
Vol. 100
Ino. Town Central City
City Central City

Registration District No. 1087
Primary Registration District No. 2435
No. 1087 St., 1087 Ward

File No.
Registered No. 40

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

FULL NAME Abraham Jacob Reid

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH Oct-6, 1848
(Month) (Day) (Year)

7 AGE 75 yrs. 7 mos. 18 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) farmer

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Isaac Reid

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Patsy Hollinger

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Abraham Reid
(Address) Central City Ky

15 Filed 7-28 1924 A. S. Paulsford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 23, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1924, to May 23, 1924, that I last saw him alive on May 23, 1924.

and that death occurred on the date stated above at 8 P. m. The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

(Duration) 12 mos. ds.

Contributory (SECONDARY) Senility
(Duration) 12 mos. ds.

(Signed) W. P. Halper, M. D.
May 24, 1924 (Address) Central City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 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. State... yrs... mos... ds.
In the
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Reid Cem. DATE OF BURIAL May 23, 1924

20 UNDERTAKER Monument Co. ADDRESS Central City

WRITE PLAINLY, 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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.