

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

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *H 5*

Registration District No. *872*

Ino. Town *Da*

Primary Registration District No. *2437*

City *Drakesboro Ky*

(No. St., Ward)

File No. *10822*

Registered No. *9*

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

2 FULL NAME *Annie P Reid*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *June 20, 1911*
(Month) (Day) (Year)

7 AGE *3 yrs. 10 mos. 17 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) *Drakesboro, Ky*

PARENTS

10 NAME OF FATHER *Thos Reid*

11 BIRTHPLACE OF FATHER (State or country) *Loyals Co*

12 MAIDEN NAME OF MOTHER *Lucy Bell*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Thos Reid*
(Address) *Drakesboro, Ky*

15 Filed *4-17, 1915* *J.P. ...* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *4 18 1915*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *April 14, 1915*, to *April 17, 1915*, that I last saw her alive on *April 16, 1915*, and that death occurred on the date stated above at *10 a.m.* The CAUSE OF DEATH* was as follows:

Roseola
(Duration) ... yrs. ... mos. *1/2* ds.

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

(Signed) *S. A. Oates*, M. D.
April 17, 1915 (Address) *Drakesboro, Ky*

*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. 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 *Smiths Burial ground* DATE OF BURIAL *April 18, 1915*

20 UNDERTAKER *G. S. Bridges* ADDRESS *Drakesboro Ky*

N. B.—Every item of information should be carefully supplied. AGE should be given 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.