

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

28759

1 PLACE OF DEATH  
County Muhlenberg  
Vol. Pot. Fr 5  
Ino. Tow. Drakesboro  
City..... (No. .... St., .... Ward)

Registration District No. 822  
Primary Registration District No. 2427

File No. ....

Registered No. 48

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

2 FULL NAME Mary Lee Reed

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Miss Burt, 1917  
(Month) (Day) (Year)

7 AGE ..... yrs. .... mos. .... 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) Muhlenberg Co

10 NAME OF FATHER Alvin Reid

11 BIRTHPLACE OF FATHER (State or country) Logan Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER Stees

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alvin Reid  
(Address) Drakesboro Ky

15 Filed Oct 31, 1917 J.P. Kimmel  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 31, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1917, to ....., 191....., (that I last saw him never was alive alive on ....., 191.....,

and that death occurred on the date stated above at 11 a.m. The CAUSE OF DEATH\* was as follows:

Stillborn  
.....  
..... (Duration) ..... yrs. .... mos. .... ds.

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

(Signed) J. D. Landreth, M. D.  
Oct 21, 1917 (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. 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 Smiths Wood yard DATE OF BURIAL Oct 31, 1917

20 UNDERTAKER W. G. Bridgman ADDRESS Drakesboro Ky

REGISTRAR

MARGIN RESERVED FOR ENDING

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