

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16572

TRACE OF DEATH  
County Muhlenberg  
Vet. Post 14  
Ina. Town.....  
City..... (No..... St.,..... Ward)

Registration District No. 1096  
Primary Registration District No.....

File No.....  
Registered No. 10  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

3 FULL NAME Thomas Reed

PERSONAL AND STATISTICAL PARTICULARS

1 SEX M 4 COLOR OR RACE W 5 Single Single  
Married  
Widowed  
or Divorced  
(Write the word)  
6 DATE OF BIRTH June 7, 1922  
(Month) (Day) (Year)  
7 AGE ..... yrs. .... mos. 3 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) 74

PARENTS

10 NAME OF FATHER James Hielding Reed

11 BIRTHPLACE OF FATHER (State or country) 74

12 MAIDEN NAME OF MOTHER Hattie Mae Green

13 BIRTHPLACE OF MOTHER (State or country) 74

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) James Reed  
(Address) Graham 74

15 Filed 8/10, 1922 J. K. Kumeroy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 10, 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1922, to June 14, 1922, that I last saw him alive on June 9, 1922, and that death occurred on the date stated above at..... m.

The CAUSE OF DEATH\* was as follows:  
Forebrain bleed  
to Premature birth  
(Duration) ..... yrs. .... mos. .... ds.

Contributory (Secondary).....  
(Duration) ..... yrs. .... mos. .... ds.  
(Signed) J. H. Haralson, M. D.  
Graham 74 (Address)

\*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 ..... 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 Graham 74 DATE OF BURIAL June 11, 1922

20 UNDERTAKER R. & Beard ADDRESS Graham 74

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
16-518