

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

19464

PLACE OF DEATH

County *Madison*

Vol. No. *#18*

Inc. Town *Central City*

City (No. Ward)

Registration District No. *070*

Primary Registration District No. *2435*

File No.

Registered No. *19*

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

FULL NAME *Walter Reader*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *June - 1 - 1919*
(Month) (Day) (Year)

6 DATE OF BIRTH *March - 19 - 1890*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Apr 25*, 191*9*, to *June 1*, 191*9*, that I last saw h... alive on *May 31*, 191*9*, and that death occurred on the date stated above at *11* a.m. The CAUSE OF DEATH was as follows:
Cardiac failure

7 AGE *29* yrs. *4* mos. *4* ds.
IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(A) Trade, profession, or particular kind of work *house wife*
(B) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Kentucky*

(Duration) *3* yrs. *3* mos. *4* ds.
Contributory (SECONDARY) *hypertension*
(Duration) *3* yrs. *3* mos. *4* ds.
(Signed) *Walter Reader*, M. D.
(Address) *Central City*

PARENTS

10 NAME OF FATHER *Walter Reader*

11 BIRTHPLACE OF FATHER (State or country) *Kentucky*

12 MAIDEN NAME OF MOTHER *Waltera Reader*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Joe E. Morehead*
(Address) *Central City, 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 *3* yrs. *3* mos. *4* ds. In the State *3* yrs. *3* mos. *4* ds.
Where was disease contracted, if not at place of death?
Former or usual residence

15 Filed *July 10, 1919* *A. L. Blanford*
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *South Lexington* DATE OF BURIAL *June 2, 1919*
20 UNDERTAKER *Joe O. George* ADDRESS *Crummills*