

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

PLACE OF DEATH

County

Muhlenberg

Vol. No.

#5

Registration District No.

872

Ino. Town

Drakesboro

Primary Registration District No.

7125

City

(No.

St.,

Ward)

FULL NAME

Clarence Reno

File No.

4110

Registered No.

2

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male	2 COLOR OR RACE Caucasian	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6 DATE OF BIRTH Aug 12, 1897 (Month) (Day) (Year)		
7 AGE 24 yrs. 5 mos. 26 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) Coal Miner		

9 BIRTHPLACE (State or country)
Drakesboro, Ky10 NAME OF FATHER
Bill Reno11 BIRTHPLACE OF FATHER (State or country)
Ky12 MAIDEN NAME OF MOTHER
Josie Maddox13 BIRTHPLACE OF MOTHER (State or country)
Ohio Co., Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Louie Woods

(Address)

Drakesboro, Ky

15

Filed

3/20, 1921

J. R. Kimmel

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 8, 1921
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1920, to Feb 8, 1921, that I last saw him alive on Feb 7, 1921, and that death occurred on the date stated above at 5:30 a.m. The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) ... yrs. 8 mos. ... ds.

Contributory (SECONDARY)

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

(Signed)

H. D. Newman M. D.

Feb. 8, 1921

(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, TRAVELERS 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

DATE OF BURIAL

Smith's Graveyard Drakesboro, Feb. 9, 1921

20 UNDERTAKER

J. R. Kimmel Drakesboro, Ky