

15781

1 PLACE OF DEATH

County Martin

Vot. Prec. West Page 3

Inc. Town

City

Registration District No. 871

Primary Registration Dist. No. 7133

File No.

Registered No. 50

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

2 FULL NAME Damon Reno

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH not known
(Month) (Day) (Year)

7 AGE about 89 yrs. mos. ds. If LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Steamer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ohio County, Kentucky

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) Nothing known

12 MAIDEN NAME OF MOTHER of ancestry

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. E. Reno

(Address) Greenville, Ky

15 Filed June 7, 1912 W. H. Saunders REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 4, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191... to 191...

that I last saw him alive on June 4, 191... and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) 15 yrs. mos. ds.

Contributory (Secondary) Rheumatism

(Duration) 4 yrs. mos. ds.

(Signed) A. Cornelius, M. D.

June 7, 1912 (Address) Greenville

*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 Greenville, Ky DATE OF BURIAL June 7, 1912

20 UNDERTAKER W. H. Saunders ADDRESS Greenville

Every item of information should be carefully supplied. AGE should be stated in FULLY. PHYSICIAN should state CAUSE OF DEATH in plain English, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD