

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 23839

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct.

Inc. Town

City Central City KyRegistration District No. 1087Primary Registration District No. 2435

(No. St., Ward)

Registered No. 41

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

2 FULL NAME Edward Elliott Reuss

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH July 30, 1861
(Month) (Day) (Year)7 AGE 65 yrs. 1 mos. 2 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) Kentucky

PARENTS

10 NAME OF FATHER Jessie N. Reuss11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Harriett Elliott13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Reuss Reuss(Address) Central City Ky15 Filed 9/4, 1926 A. J. Blaupied Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 7, 1926
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from No. 1, 1926, to Sept 2, 1926, that I last saw him alive on Sept 2, 1926, and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH* was as follows:

Causes of Lung(Duration) yrs. 10 mos. ds.

Contributory (Secondary)

(Duration) yrs. 60 mos. ds.(Signed) J. M. D.
Sept 2, 1926 (Address) Green Hill Ky

*State the Disease Causing Death, or, in deaths from Violence 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 DATE OF BURIAL

Richwood Bluff 9/4, 1926

20 UNDERTAKER ADDRESS

Arthur L. Mosley Central City Ky

TABLET EXEMPTED FOR REASON

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.