

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County *Mullerburg*

CERTIFICATE OF DEATH

Vol. No. *West Point Hospital*

Registration District No. *276*

Ino. Town *Gurville*

Primary Registration District No. *7131*

City (No. St. Ward)

File No. *11234*

Registered No. *33*

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

2 FULL NAME *Josie Reno*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Girl* 4 COLOR OR RACE *negro* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Child*
(Write the word)

6 DATE OF BIRTH *April 26, 1911*
(Month) (Day) (Year)

7 AGE *2 yrs. 1 mos. 0 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) *Child*

9 BIRTHPLACE (State or country) *Mullerburg*

10 NAME OF FATHER *Bohannon Reno*

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

12 MAIDEN NAME OF MOTHER *Obel Hankins*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Bohannon Reno* (Address) *Gurville*

15 Filed *Apr. 19, 1913* *V. H. Grandin* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 19, 1913*
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from *Apr. 14*, 1913, to *Apr. 18*, 1913, that I last saw her alive on *Apr. 18*, 1913, and that death occurred on the date stated above atm. The CAUSE OF DEATH* was as follows:

Pneumonia
(Duration) yrs. mos. *7* ds.

Contributory *no*
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) *D. B. Slator*, M. D. *Apr. 19, 1913* (Address) *Gurville*

*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 *Gurville* DATE OF BURIAL *Apr. 29, 1913*

20 UNDERTAKER *John E. George* ADDRESS *Gurville*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. B. 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.