

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 30

1. PLACE OF DEATH

County Muhlenberg

Vot. Pot. _____

Inc. Town _____

City GreenvilleRegistration District No. 1093Primary Registration District No. 2436(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME John Reno(a) Residence. No. Greenville, Ky. st. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 36 yrs. 6 mos. 25 da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. Single, Married, Widowed
or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Elnora Johnson6. DATE OF BIRTH Aug. 20, 19007. AGE Years Months Days IF LESS than
36 6 25 1 day.....hrs.
or.....min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. H.P.A.9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE Greenville, Ky.13. NAME Damon Reno14. BIRTHPLACE Hartford, Ky.15. MAIDEN NAME Belle Thompson16. BIRTHPLACE Christian County17. INFORMANT Aggie Brockington(Address) Greenville, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenville, Ky. Date March 18, 193719. UNDERTAKER General J. Elliott(Address) Greenville, Ky.20. FILED 3-18 37 R. C. Cuntzler

Register.

21. DATE OF DEATH March 17, 193722. I HEREBY CERTIFY, That I attended deceased from
March 10, 1937 to March 17, 1937I last saw him alive on Mar. 15, 1937, death is said
to have occurred on the date stated above, at _____ m.The principal cause of death and related causes of importance
in order of onset were as follows:Lobar Pneumonia Date of onset _____Contributory causes of importance not related to
principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? _____ date of injury _____ 19____Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? If so, specify _____(Signed) D. G. Urquhart, M. D.(Address) Greenville, Ky.

VOIDING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION 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.

N. B. WRITE PLAINLY, WITH CAREFULLY APPLIED INK. AGE SHOULD BE CAREFULLY APPLIED. PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.