

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 22258Registered No. 73

1. PLACE OF DEATH

County Muhlenberg

Vet. Post _____

Inc. Town _____

City Central CityRegistration District No. 1087Primary Registration District No. 24352. FULL NAME Rebecca Ellen Reno (No. _____ St. _____ (If death occurred in a hospital or institution, give its NAME and location of street and number)(a) Residence, No. _____ St. _____ Was _____ (if nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. Single, Married, Widowed
or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of Dave. Reno
(or) WIFE of6. DATE OF BIRTH July 30 - 18657. AGE Years 73 Months 11 Days 19 If LESS than
1 day.....hrs.
or.....min.8. Trade, profession, or particular
kind of work done, as spinner,
sewer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Housewife10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE Muhlenberg Ky13. NAME John. Wright14. BIRTHPLACE Muhlenberg Ky15. MAIDEN NAME Mary J Bennett16. BIRTHPLACE Muhlenberg. Ky17. INFORMANT C. A. Reno(Address) Central City R. 1

18. BURIAL, CREMATION, OR REMOVAL

Place Old Bethel Date July 20, 193719. UNDERTAKER J. B. Lusher(Address) Bremen Ky20. FILED 7/20, 1937. A. L. Gausford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 19, 193722. I HEREBY CERTIFY, That I attended deceased from
_____ 19____ to _____ 19____I last saw h_____ alive on _____ 19____, _____ 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:Myocarditic Date of onset _____Contributory causes of importance not related to
principal cause: 730

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) Louise Bryan(Address) Central City Ky

MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. 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 INK—THIS IS A PERMANENT RECORD. 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.