

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg

Vot. Precinct Medford

Inc. Town Medford

City Medford (No. 870 St.; 7123 Ward)

3 FULL NAME Susan Francis Reno

File No. 13366

Registered No. 32

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 5-1861
(Month) (Day) (Year)

7 AGE 50 yrs. 7 mos. 15 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Illinois State

10 NAME OF FATHER Thos. Stone

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Susan Seoby

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. J. Reno
(Address) Central City

15 Filed May 25, 1912 A. L. Bradford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 23, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May, 1912, to May 23, 1912, that I last saw her alive on May 19, 1912, and that death occurred, on the date stated above, at 1 P.M.
The CAUSE OF DEATH* was as follows:

Consumption of lungs
Several years (Duration) yrs. mos. ds.

Contributory (SECONDARY) None
(Signed) W. M. McDowell, M. D.
May 25, 1912 (Address) Central City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.

(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 Old Bethel Burial Ground DATE OF BURIAL May 24, 1912

20 UNDERTAKER Martin Moore ADDRESS Central City, Ky.

WRITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.