

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

1 PLACE OF DEATH

County Muhlenberg

Vet. Pot. 570

Inc. Town Central City, Ky.

City _____ (No. _____ St.; _____ Ward)

2 FULL NAME Thomas R. Reno

File No. 18163

Registered No. 39

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov 9, 1835
(Month) (Day) (Year)

7 AGE 76 If LESS than 1 day _____ hrs. or _____ min.?
77 yrs. 6 mos. 3 ds.

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

9 BIRTHPLACE (State or country) Muhlenberg

10 NAME OF FATHER Dennis Reno

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg

12 MAIDEN NAME OF MOTHER Charity Beaufield

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. D. Reno

(Address) _____

15 Filed July 13, 1912 L. B. Blaudin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 12th, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mich To, 1912, to July 12, 1912, that I last saw him alive on July 12, 1912, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH was as follows:

Paralysis of lower lip

(Duration) 3 yrs. _____ mos. _____ ds.

Contributory

SECONDARY

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. P. Vail, M. D.
7/13, 1912 (Address) Central City, Ky.

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 Central City, Ky.

DATE OF BURIAL July 4, 1912

20 UNDERTAKER

Martin Moore

ADDRESS

Central City, Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

W. 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.