

15353

Form V. S. 1-300m-4-11-28

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 16

1 PLACE OF DEATH
County Martin

Vet. Pct. 17 Registration District No. 1092

Registered No.

Inc. Town Beech Creek Primary Registration District No. 4529

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

City 17 (No. 17 St. 17 Ward)

2 FULL NAME Charles A. Reynolds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 ~~Single~~ Married
~~Widowed~~
~~Divorced~~
(Write the word)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 2, 1938
(Month) (Day) (Year)

6 DATE OF BIRTH Jan 2, 1985
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1923 to May 31, 1923 that I last saw him alive on May 31, 1923 and that death occurred on the date stated above at 3:15 p.m.

7 AGE 53 yrs. 5 mos. 0 ds.
IF LESS than 1 day hrs. or min?

The CAUSE OF DEATH* was as follows:
Organic Heart disease
(Duration) 3 yrs. mos. ds.

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

Contributory (Secondary)

9 BIRTHPLACE (State or country) Logan Co 17

(Signed) W. R. Lee M. D.
June 2, 1923 (Address) Beech Creek

10 NAME OF FATHER R. W. Reynolds

11 BIRTHPLACE OF FATHER (State or country) W. Va

12 MAIDEN NAME OF MOTHER Lorain Shumaker

13 BIRTHPLACE OF MOTHER (State or country) Trigg Co - 17

*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. State yrs. mos. ds. Where was disease contracted, if not at place of death?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Reynolds
(Address) Beech Creek

Former or usual residence

15 Filed 7/1, 1923 Victor Jensen Registrar

19 PLACE OF BURIAL OR CREMATION Union Ridge DATE OF BURIAL 6-3-38

20 UNDERTAKER J. Kimmell ADDRESS Praterboro 17

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. 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.

CPC
8400
11-20-47