

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

9116

PLACE OF DEATH

County *Muhlenburg*

REGISTRATION DISTRICT NO. *871*

File No. ....

Vol. No. *West. Register*

Registration District No. *871*

Registered No. ....

Inq. Town *W.D.* Primary Registration District No. ....

City *Princeton* (No. ....) St. *Ward*

[If death occurred in a hospital or institution give its full name and street and number.]

FULL NAME *Larry Lawrence Reynolds*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *Colored* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*  
(Write the word)

DATE OF BIRTH *Jan. 5th 1924*  
(Month) (Day) (Year)

AGE *22* yrs. *2* mos. *6* ds. IF LESS than 1 day ... hrs. or ... min.?

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

BIRTHPLACE (State or country) *Muhlenburg*

PARENTS 10 NAME OF FATHER *John Reynolds*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenburg*

12 MAIDEN NAME OF MOTHER *Susie Morris*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenburg*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *John Reynolds*  
(Address) *Princeton, Ky.*

15 DATE OF DEATH *Jan. 2, 1947*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 2 1947*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 191..... to ..... 191..... that I last saw h..... alive on ..... 191..... and that death occurred on the date stated above at ..... m. The CAUSE OF DEATH\* was as follows:

*By coming in contact with new electric wire in Mine of Little Coal Co*

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.

(Signed) *Arthur G. Lomen, M.D.* (Address) *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 *West End Greenhill, Mich. 2, 1947* DATE OF BURIAL

20 UNDERTAKER *McDonald & Son, Greenhill, Ky.* ADDRESS

WRITE PLAINLY WITH INK. PRINT NAME AND ADDRESS OF REGISTRAR. SIGNATURE OF REGISTRAR MUST BE IN FULL. SIGNATURE OF DEATH REPORTER MUST BE IN FULL. SIGNATURE OF DEATH REPORTER MUST BE IN FULL. SIGNATURE OF DEATH REPORTER MUST BE IN FULL. SIGNATURE OF DEATH REPORTER MUST BE IN FULL.