

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

1 PLACE OF DEATH

County *Mullensberg*

Vot. Pot. *Court House*

Ino. Towny *Greenville*

City *Greenville*

2 FULL NAME *Lucy Reynolds*

Registration District No. *871*

Primary Registration District No. *2434*

File No. ....

Registered No. *5417*

[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 *bol* 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) *single*

6 DATE OF BIRTH *June 5, 1900*  
(Month) (Day) (Year)

7 AGE *18 yrs. 7 mos. 7 ds.* IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Greenville Ky*

10 NAME OF FATHER *Rush Reynolds*

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

12 MAIDEN NAME OF MOTHER *Estlla Elliott*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Lewis Reynolds*

(Address) *Greenville Ky*

15 Filed *7/16 - 1918* *Chickliffe* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 11, 1918*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 25, 1918*, to *Feb 11, 1918*, that I last saw him alive on *Feb 10, 1918*, and that death occurred on the date stated above at *6* m. The CAUSE OF DEATH\* was as follows:

*Pulmonary tuberculosis*

(Duration) *1* yrs. .... mos. .... ds.

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

(Signed) *AH Wace*, M. D. *Feb 11, 1918* (Address) *Greenville Ky*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSED 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? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *West End G. Y.* DATE OF BURIAL *Feb 12, 1918*

20 UNDERTAKER *Jas & George* ADDRESS *Greenville Ky*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full terms, so that it may be properly CLASSIFIED. Exact statement of OCCUPATION is very important. See instructions on back of certificate.