

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

File No. **31817**

1 PLACE OF DEATH

County *Mullinburg*

Vol. *West Court House* Registration District No. *871*

Inc. Town *Gunnville* Primary Registration District No. *2436*

City (No. St. Word)

2 FULL NAME *L. W. Reynolds*

Registered No. *104*
Issued in the State of *Kentucky*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *negro* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *child*
(Write the word)

6 DATE OF BIRTH *8. day July 1912*
(Month) (Day) (Year)

7 AGE *5* yrs. *5* mos. *4* da. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Mullinburg*

PARENTS

10 NAME OF FATHER *Lewis Reynolds*

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

12 MAIDEN NAME OF MOTHER *Lucy Jones*

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

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

15 Filed *Dec. 12, 1912* *H. H. Mauldin*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 11 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 10*, 1912, to *Dec 11*, 1912, that I last saw him alive on *Dec 11*, 1912, and that death occurred on the date stated above at *9 P.m.* The CAUSE OF DEATH was as follows:

Bronchial Pneumonia
.....
..... (Duration) yrs. mos. da.

Contributory (SECONDARY)

(Signed) *A. G. Quinn* M. D.
Dec 12, 1912 (Address) *Mullinburg*

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. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Gunnville Ky.* DATE OF BURIAL *Dec 12, 1912*
20 UNDERTAKER *Joe O. George* ADDRESS *Gunnville*

WRITE PLAINLY WITH CAPITALS. THIS IS A PRINTING ERROR.

Be sure that all information is correctly entered. All should be checked EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Most important classification is very important. See instructions on back of certificate.