

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

1 PLACE OF DEATH

County

Muhlenberg

File No.

19100

Vet. Pct.

Registration District No.

1093

Registered No.

Inc. Town

Primary Registration District No.

2434

City

Greenville

(No.

St.,

Ward)

2 FULL NAME

Still Born. Breathed a few times.

(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

Black

5 Single
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH

Aug 5

(Month)

(Day)

(Year)

7 AGE

yrs. mos. 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).

none STILL BORN

9 BIRTHPLACE

(State or country)

Muhlenberg, Co.

10 NAME OF FATHER

Lindsey Reynolds

11 BIRTHPLACE OF FATHER

Muhlenberg, Co.

12 MAIDEN NAME OF MOTHER

Lecille Bass

13 BIRTHPLACE OF MOTHER

Muhlenberg, Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

8/5/27

192

C. B. Wistler
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 5th

1927

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1927 to Aug 5, 1927, that I last saw him alive on Aug 5th, 1927, and that death occurred on the date stated above at 7:45 AM.

The CAUSE OF DEATH* was as follows:

Probably Sepsis
Considerable enlargement
of liver.

Contributory (Duration) yrs. mos. ds.

Sepsis? (Secondary)

(Signed) E. L. Hates

Aug 6, 1927 (Address) Greenville, 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 DATE OF BURIAL

20 UNDERTAKER

ADDRESS

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.

MAILED RECEIVED FOR RECORDING