

Commonwealth of Kentucky  
STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Mullinburg

Vol. No. Wheat House

Inn. Town .....

City .....

Registration District No. 871

Primary Registration Dist. No. 7131

(No. 91 St. Ward)

File No. 25958

Registered No. 91

(If death occurred in a hospital or institution, give its name, location, city and number.)

2 FULL NAME Sidney Reynolds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow

6 DATE OF BIRTH about 8-26  
(Month) (Day) (Year)

7 AGE 86 yrs. 0 mos. 0 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Mullinburg

10 NAME OF FATHER unknown  
11 BIRTHPLACE OF FATHER (State or country) unknown  
12 MARRIED NAME OF MOTHER Sidney Reynolds  
13 BIRTHPLACE OF MOTHER (State or country) Mullinburg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Reynolds (Address) Sumwell

15 95 Filed 2 1917 W. W. Brantley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sidney Oct. 14, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from about 5 1917 to leave 5 1917 that I last saw her... alive on Oct 5 1917 and that death occurred, on the date stated above, at 8 AM. The CAUSE OF DEATH\* was as follows:

Senility in old age.  
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) .....

(Signed) U. C. Brantley, M. D. Oct 15, 1917 (Address) Sumwell

\*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) in the 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 Mullinburg DATE OF BURIAL Oct 15, 1917  
20 UNDERTAKER John Reynolds ADDRESS Sumwell

NOTE: PLACES, WITH BOUNDARIES, ARE SHOWN ON A MAP OF KENTUCKY, WHICH MAY BE OBTAINED FROM THE STATE BOARD OF HEALTH, COLUMBIA, MISSOURI. THE BOUNDARIES ARE SHOWN ON A MAP OF KENTUCKY, WHICH MAY BE OBTAINED FROM THE STATE BOARD OF HEALTH, COLUMBIA, MISSOURI. THE BOUNDARIES ARE SHOWN ON A MAP OF KENTUCKY, WHICH MAY BE OBTAINED FROM THE STATE BOARD OF HEALTH, COLUMBIA, MISSOURI.