

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

PLACE OF DEATH

County

Muhlenburg

Vol. Pat.

So. Carrollton Ky.

Ino. Town

" " " "

7121

City

" " " "

(No.)

" " " "

St.

Ward

File No. 2548

Registered No. 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Mrs. Eva Reyer

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Female

COLOR OR RACE

White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
widowed

DATE OF BIRTH

Not known

(Month) (Day) (Year)

AGE

53 yrs. mos. ds.

If LESS than 1 day ... hrs. or ... min.?

OCCUPATION

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

At Home

BIRTHPLACE (State or country)

Not known

NAME OF FATHER

Not known

BIRTHPLACE OF FATHER (State or country)

Not known

MAIDEN NAME OF MOTHER

Not known

BIRTHPLACE OF MOTHER (State or country)

Not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Pal Tichenor

(Address) South Carrollton Ky.

Filed

Jan 28, 1914 A. H. Hatcher

REGISTRAR

DATE OF DEATH

Jan. 27, 1914

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Jan 25, 1914, to Jan 27, 1914;

that I last saw her alive on Jan. 27, 1914;

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. R. Barne, M. D.

Jan 27, 1914 (Address) So. Carrollton Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDE.

(15) 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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Pal Tichenor

Jan 28, 1914

UNDERTAKER

ADDRESS

Pal Tichenor

So. Carrollton Ky.

* 2. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text so that it may be properly classified. Exact amount of OCCUPATION is very important. See instructions on back of certificate.