

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Muhlenberg

Vet. Post

E. P. P. P.

Registration District No.

871

Inc. Town

Primary Registration District No. *7152*

City

(No.

St.,

Ward)

3 FULL NAME

*Thomas Henry Reed, all*File No. *9595*

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>male</i>	COLOR OR RACE <i>white</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>m</i>
DATE OF BIRTH <i>1</i> (Month) (Day) (Year)		
AGE <i>about 60 yrs.</i> mos. ds.		IF LESS than 1 day ... hrs. or ... mts.?

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

5 BIRTHPLACE
(State or country)
Muh. Co. Ky

PARENTS	10 NAME OF FATHER <i>Don't know</i>
	11 BIRTHPLACE OF FATHER (State or country) <i>"</i>
	12 MAIDEN NAME OF MOTHER <i>"</i>
	13 BIRTHPLACE OF MOTHER (State or country) <i>"</i>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Dr. L. F. Whitaker*
(Address) *Greenville, Ky.*

15 *3/18 20*
Filed *Christie*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH
March 18, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan. 10, 1921*, to *March 18, 1921*, that I last saw him alive on *March 17, 1921*, and that death occurred on the date stated above at *.....* m. The CAUSE OF DEATH* was as follows:

Chronic nephritis

Contributory (SECONDARY) (Duration) *2* yrs. mos. ds.
(Signed) *E. D. M. White* M. D.
March 18, 1921 (Address) *Greenville, Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (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 <i>Poor Farm Rd.</i>	DATE OF BURIAL <i>March 18, 1921</i>
20 UNDERTAKER <i>McDonald & Dewitt</i>	ADDRESS <i>Greenville</i>

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

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