

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

PLACE OF DEATH
County Muhlenberg
Vol. Pat. 15
Ins. Town
City Cleaton (No. _____ St.) _____ Ward)

File No. 8315
Registered No. 477

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

FULL NAME T. Reginald Young

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

DATE OF BIRTH Aug 22, 1860
(Month) (Day) (Year)

AGE 53 yrs. 7 mos. 8 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Kentucky

PARENTS
10 NAME OF FATHER Thomas L. Young
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Rachel C. Deener
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. J. Young
(Address) Cleaton, Ky.

15 Filed Feb 30, 1914 W. H. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 30, 1914
(Month) (Day) Year

I HEREBY CERTIFY, That I attended deceased from Mar 23, 1914, to Mar 30, 1914, that I last saw him alive on Mar 30, 1914, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Duration) yrs. 7 mos. 7 ds.

Contributory (SECONDARY) (Duration) yrs. 7 mos. 7 ds.

(Signed) L. Bennett, M. D.
Mar 31, 1914 (Address) Cleaton, Ky.

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

(1) 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

16 PLACE OF BURIAL OR REMOVAL Mt Zion Cemetery DATE OF BURIAL 3-31, 1914

17 UNDERTAKER Cleaton Undert Co. ADDRESS Cleaton, Ky.

Note: Every item of information should be carefully verified. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. See instructions on back of certificate.