

20769

1 PLACE OF DEATH

County Bethesda

Vol. No. No. 2

Inc. Town Salt Lick, Ky. (outside town limits)

City (No. _____) St. _____ Ward _____

2 FULL NAME Walter Reynolds (Skillman)

File No. _____

Registered No. _____

(If death occurred in a hospital or institution give the SAME number of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 MARRIAGE STATUS single

6 DATE OF BIRTH Oct 30, 1921

7 AGE 1 yr. 1 mo. 10 da. If LESS than 1 day hrs. or min. 7

8 OCCUPATION (a) Trade, profession, or particular kind of work none (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (state or country) Ky.

10 NAME OF FATHER Clyde Reynolds

11 BIRTHPLACE OF FATHER (state or country) Ky.

12 MAIDEN NAME OF MOTHER Senajane Wightman

13 BIRTHPLACE OF MOTHER (state or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Clyde Reynolds (Address) Salt Lick, Ky.

15 Filed 11-31, 1921 by M. S. Blevins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 30, 1921

17 I HEREBY CERTIFY, That I attended deceased from _____, 1911 to _____, 1911

that I last saw him alive on _____, 1911 and that death occurred, on the date stated above, at _____ pm.

The CAUSE OF DEATH* was as follows: Asphyxia neonatorum (from premature separation of placenta)

Contributory _____ (Duration) yrs. mos. da.

(Signed) D. P. Clayton, M.D. Oct 30, 1921 (Address) Salt Lick, Ky.

18 LENGTH OF RESIDENCE (If in hospitals, institutions, boarding or transient residences) At place of death _____ yrs. _____ mos. _____ da. State _____ yrs. _____ mos. _____ da.

Where was disease contracted, if not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Bones grave DATE OF BURIAL Oct 30, 1921

20 UNDERTAKER Mrs. J. W. Vaughan ADDRESS Salt Lick

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

8. 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.