

PLACE OF DEATH
COUNTY BATH
TOWNSHIP SALT-LICK
CITY KENTUCKY

Registration District No. 57
Primary Registrar District No. 422

Registered No. _____
WARD _____
If death occurred in a hospital or institution, give the NAME instead of street and number:
NAME Duplicate 13220 4

FULL NAME JACK FRANKLIN REYNOLDS VETERAN, WHAT WART _____
(Last name first)
RESIDENCE No. _____
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	3. MARRIAGE STATUS <u>INFANT</u>
6. DATE OF BIRTH		
7. AGE	1	3
8. OCCUPATION		
9. PLACE OF BIRTH		
10. PLACE OF DEATH		

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH JUNE 1, 1926

12. I HEREBY CERTIFY, THAT I attended deceased from MAY 31/26 to MAY 31/26. I last saw MR. CLYDE on MAY 31/26. Death is said to have occurred on the date stated above, at 10 A.M.. The principal cause of death and related causes of importance in order of cause were as follows:

Dysentery above May 20/26

Contributory causes of importance not related to principal cause:

13. DISTRICT KENTUCKY

14. NAME CLYDE REYNOLDS

15. BIRTHPLACE KENTUCKY

16. MARRIAGE NAME SARAH WHILEMAN

17. DISTRICT KENTUCKY

18. INTERMENT CLYDE REYNOLDS
ADDRESS SALT-LICK KENTUCKY

19. BURIAL, LOCATION OF BURNING
Place TOWNSHIP DATE JUNE 2, 1926

20. EXEMPTIONS BARNES & HARRISMAN
ADDRESS SALT-LICK KY

21. FILE NO. 2-1326 NAME JACK FRANKLIN

Name of condition _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? YES

23. If death was due to external causes (trauma) list in order the Accident, vehicle, or household. _____ Date of injury _____
Where did injury occur? _____
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
Signature: D.C. Jones M.D.
Address: 1111 Hick, Ky.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. THIS RECORDING INSTRUMENT IS A PERMANENT RECORD OF DEATH AND SHOULD BE EXACTLY FILLING ALL SPACES. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CARD.