

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

PLACE OF DEATH

County BathVol. No. 5105

Ino. Town _____

City _____

FULL NAME Mike Brown ReynoldsRegistration District No. 62

Primary Registration District No. _____

No. _____

St. _____

Ward _____

File No. _____

Registered by W.A.B.
 (To be filled in a
 hospital or institution,
 give the NAME (street and
 street and number.)

PERSONAL AND STATISTICAL PARTICULARS

 1 SEX male 2 COLOR OR RACE white 3 SINGLE MARRIED OR DIVORCED single
(Write the word)

 4 DATE OF BIRTH Feb 28, 1917
(Month) (Day) (Year)

 7 AGE 1 yr. 4 mo. 6 da. IF LESS than 1 day... hrs. or... min.?
(yr. mo. da.)

 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) Clark Co., Ky

 10 NAME OF FATHER Berry Reynolds

 11 BIRTHPLACE OF FATHER (State or country) Kentucky

 12 MAIDEN NAME OF MOTHER Jessie McCarty

 13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 IS THE ABOVE IN TRU TO THE BEST OF MY KNOWLEDGE

 (Informant) Dr. C. T. Jones

 (Address) Salt Lick Ky

 15 July 5, 1918 St. Alexander Jones & yard
St. Alexander Wm. J. H. Vaughn Salt Lick Ky

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH July 4, 1918
(Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from June 24, 1918, to July 5, 1918, that I last saw him/her on July 3, 1918, and that death occurred on the date stated above at 5 A.M. The CAUSE OF DEATH* was as follows:

Pneumonia, Bronchial

 (Duration) 7 da.

 Contributory Diarrhea (Duration) 10 da.

 (Signed) C. T. Jones M.D.

July 4, 1918 (Address) Salt Lick Ky

*State the DISEASE CAUSE OF DEATH, or its Death from UNDERLYING CAUSE also (1) Nature of Injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVEL AGENTS OR RECENT RESIDENTS) At place of death 7 da. In the State 7 da.

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

 19 PLACE OF BURIAL OR REMOVAL Jones & yard

 20 DATE OF BURIAL July 5, 1918

 21 UNDERTAKER Wm. J. H. Vaughn
Salt Lick Ky