COMMONWEALTH OF KENTUCKY
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 19089

1 PLACE OF DEATH

County
Wet. Pot.
Inc. Town.

City
(No.) St. Ward

Reflection District No.

Registration District No.

5800

2 FULL NAME

Reflection, Eliza

(a) Residence No.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days.

How long in U.S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

SEX      4 COLOR OR RACE

5 Single Married Widowed or Divorced (Write the word)

5a If married, widowed, or divorced:
HUSBAND of (or) WIFE of

6 DATE OF BIRTH

7 AGE

8 OCCUPATION OF DECEASED

Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

John Bailey

11 BIRTHPLACE (city or town)

(State or country)

12 NAME OF MOTHER

Mary Bailey

13 MAIDEN NAME OF MOTHER

Mary Bailey

14 INFORMANT

Charles Rogers

15 (Address)

Hardin County

16 WHERE WAS DISEASE CONTRACTED

if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Solomon Crow, M.D.

17 I HEREBY CERTIFY, That I attended deceased

from July 1, 1927 to July 14, 1927

that I last saw her alive on July 14, 1927

and that death occurred on the date stated above in

The CAUSE OF DEATH was as follows:

GPhail Reed

18 WHERE WAS DISEASE CONTRACTED

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ofile No. 19089

Underwriter

ADDRESS

#1978