

Cynthiana Democrat – February 19, 1925

REED—James Thomas Reed, merchant at Avena, died Feb. 14, after an illness of only four days. He was a son of Wm. C. and Annie Reed and was born Feb. 14, 1864. He was twice married, his first wife, who died 18 years ago, was Miss Elizabeth Clifford. His second wife who has been dead about fourteen months, was Miss Sarah E. Mullen. The surviving children are Mrs. Wm. Pitchard, of Rushton, O., Carl and Wilbert Reed and Mrs. Everett Marshall, this county. Surviving brothers and sisters are, Dave Reed, of Oregon; Cass Reed, of Quincy, Ky.; Albert Reed, of Ohio; Mrs. Enoch Flack, Ohio, Mrs. Jas. Cade, Texas, and Mrs. Ernest Smith. Deceased was a member of the Sunrise lodge of Odd Fellows. The funeral was held at the Sunrise Methodist church Feb. 16, with services by Rev. E. M. Earley. Burial in the Sunrise cemetery.



Reed, James Thomas 1864 - 1925

Form V. S. 1-50m-8-25-23

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Dr. Carr  
File No. **3701**  
Registered No. **1**  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH  
County **Harrison**  
Vot. Pct. **Sumner 24**  
Inc. Town  
City (No. **678** St. **5598** Ward)

2 FULL NAME **James Thomas Reed**

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <b>Male</b>	4 COLOR OR RACE <b>White</b>	5 Single Married <b>widower</b> Widowed or Divorced (Write the word)	16 DATE OF DEATH <b>Feb 11, 1925</b> (Month) (Day) (Year)	
6 DATE OF BIRTH <b>Feb 14 1864</b> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <b>Feb 13, 1925</b> , to <b>Feb 14, 1925</b> , that I last saw him alive on <b>Feb 14, 1925</b> , and that death occurred on the date stated above at <b>3:00</b> p.m.	
7 AGE <b>61</b> yrs. <b>0</b> mos. <b>0</b> ds.			The CAUSE OF DEATH* was as follows: <b>Distomias from perforation 70 hours Bacterial ulcer.</b> (Duration) <b>5</b> yrs. <b>0</b> mos. <b>0</b> ds.	
8 OCCUPATION (a) Trade, profession or particular kind of work. <b>merchant.</b> (b) General nature of industry, business or establishment in which employed (or employer)			Contributory (Secondary) (Duration) <b>5</b> yrs. <b>0</b> mos. <b>0</b> ds. (Signed) <b>Dr. H. Carr</b> M. D. <b>Feb 16 1925</b> (Address) <b>Lynchburg</b>	
9 BIRTHPLACE (State or country) <b>Kentucky.</b>			*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
10 NAME OF FATHER <b>H. P. Reed</b>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place <b>in the</b> of death <b>yr. mos. ds.</b> State <b>yr. mos. ds.</b> Where was disease contracted, if not at place of death? Former or usual residence	
11 BIRTHPLACE OF FATHER (State or country) <b>not know</b>			19 PLACE OF BURIAL OR REMOVAL <b>Sumner Cemetery</b> DATE OF BURIAL <b>Feb 16, 1925</b>	
12 MOTHER NAME <b>Annie Higgins</b>			20 UNDERTAKER <b>Smith-Rees Co</b> ADDRESS <b>Lynchburg Ky</b>	
13 BIRTHPLACE OF MOTHER (State or country) <b>Kentucky</b>			14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE: (Informant) <b>Wilbert Reed</b> (Address) <b>Lynchburg # 2</b>	
15 FILED <b>Feb 16 1925</b> <b>Ada M. Carr</b> Registrar				

1. B. Every item of information should be stated in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is particularly important. See instructions on back of certificate.

11-3184