

Old Union Cemetery Additional Burials November 2021

In August of 2021 I received emails from Roxanne Brazzell about some additional Burials that she knew of in Old Union. The 7 persons that she told me about had no previous notice of being buried there by the many inventories that had been made over the years and do not have stones currently and possibly did not have any stones originally. Roxanne then sent me Death Certificates and Obituary notices for each of them. They are all from the 1940s and were from the Brumfield/west end of Boyle County and were all related.

The names are:

Eugene Roach

George Boston Roach

Lou Ann Roach

Thomas Roach

George Warfield

John H Reardon

Margaret Reardon

The certificates and obits are included here for those interested or who have purchased Old Union Cemetery Books for updates.

Robert Pipes

November 2021

Old Union Cemetery Additional Burials
November 2021

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

N. 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.

FORM V-8 1-300M 2-29-12		Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		File No. 2938	
1 PLACE OF DEATH		COUNTY Boyle		Registration District No. 110	
2 Vot. Pct. No 3		Inc. Town		Primary Registration District No. 4243	
3 City		(No. Boyle)		St., Ward	
2 FULL NAME Eugene Roach					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Married			
6 DATE OF BIRTH Feb. 18, 1883 (Month) (Day) (Year)					
7 AGE 46 yrs., 11 mos., 6 ds. IF LESS than 1 day... hrs. or... min.?					
8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry business or establishment in which employed (or employer)					
9 BIRTHPLACE (State or country) Fraussein Co. Ky.					
PARENTS					
10 NAME OF FATHER Unknown					
11 BIRTHPLACE OF FATHER (State or country) Unknown					
12 MAIDEN NAME OF MOTHER Louisa Warfield					
13 BIRTHPLACE OF MOTHER (State or country) Fraussein Co. Ky.					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lee Ann Roach (Address) Sawville Ky 40380					
15 Filed Feb. 13, 1930 J. A. Carpenter REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH Feb. 12, 1930 (Month) (Day) (Year)					
17 I HEREBY CERTIFY, That I attended deceased from Pharmacy, P.O. V. to Feb. 12, 1930 that I last saw him alive on Feb. 11, 1930 and that death occurred on the date stated above atm. The CAUSE OF DEATH* was as follows: fracture of skull (Duration) 2 yrs., 2 mos., 2 ds. Contributory came down tree falling on his head (Duration) 2 yrs., 2 mos., 2 ds. (Signed) Berry in Perryville, D. Feb. 13, 1930 (Address) Perryville Ky					
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL					
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence					
19 PLACE OF BURIAL OR REMOVAL Union Church yard				DATE OF BURIAL Feb. 13, 1930	
20 UNDERTAKER Sims and Boyle				ADDRESS Perryville Ky	

Old Union Cemetery Additional Burials
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FERRISVILLE

Mr. Eugene Roach, who received severe injuries Monday while felling trees in the woods near Brumfield, died Wednesday at his home near Mitchellsburg. Rev. J. L. Adkins conducted the funeral service in Old Union Church. Thursday afternoon, burial was in the adjoining cemetery. Mr. Roach was about 50 years of age, a splendid, energetic citizen, and his untimely death brought deep sorrow to his many friends. He is survived by his wife, Mrs. Myrtle Reardon Roach, and two sons, Messrs. Hobart and Edgar Roach.

Old Union Cemetery Additional Burials
November 2021

FORM V.S. NO. T-A REV. 1-55 FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE NATIONAL ARCHIVES		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116	56- 22218
Registration District No. 112		Primary Registration District No. 2050			
1. PLACE OF DEATH a. COUNTY Boyle		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Boyle			
b. CITY (If outside corporate limits, write RURAL and give township) Danville,		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Danville,	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Fourth		d. STREET ADDRESS South Fourth		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) George Boston Roach		4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1956		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 21, 1897	9. AGE (In years last birthday) 59	10. BIRTHPLACE (State or foreign country) Kentucky
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? Amer.	
13. FATHER'S NAME Thomas Roach		14. MOTHER'S MAIDEN NAME Lou Ann Warfield		17. INFORMANT Mrs. Sarah Roach	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Stomach		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		151X - 046-12			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
21b. TIME OF INJURY Hour Month, Day, Year		21c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21d. CITY, TOWN, OR LOCATION COUNTY STATE	
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. CITY, TOWN, OR LOCATION		COUNTY STATE	
22. I hereby certify that I attended the deceased from April 28, 1956, to Sept 28, 1956 that I last saw the deceased alive on Sept 28, 1956 and that death occurred at 10:30 PM from the causes and on the date stated above.					
23a. DATE SIGNED Oct. 9, 1956		23b. ADDRESS Perryville, Ky.		23c. SIGNATURE Charles W. Sisk, M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE OF BURIAL, CREMATION, REMOVAL Sept 28, 1956		24c. NAME OF CEMETERY OR CREMATORY Dr's Fork	
24d. LOCATION (City, town, or county) Boyle County, Ky.		24e. LOCATION (State)			
25a. DATE REC'D BY LOCAL REGISTRY 11-6-56		25b. COUNTY HEALTH OFFICER (Signature) Jacqueline Thimer		26. FUNERAL DIRECTOR (Signature) A. B. Cagle	
25c. ADDRESS		25d. ADDRESS		25e. ADDRESS	

George Roach Of South Fourth Dies

Funeral services for George Boston Roach, 58, a laborer and farmer, who died at 10 o'clock Friday night at his home on South Fourth street, Danville, after an illness of several years, will be held at 2 o'clock this afternoon at Doctor's Fork Baptist Church near Perryville.

The Rev. William D. Hulette will officiate assisted by the Rev. Leon Dawson, pastor of the church. Burial will be in the Doctor's Fork cemetery.

Born Dec. 21, 1897, Mr. Roach was a member of Bethel Mission Baptist Church in Danville.

Survivors are the wife, Mrs. Sarah Chambers Roach; a daughter, Mrs. Stanley Brady, Perryville; two sons, Oliver Roach, Danville, and Jack Roach, Boyle county; a brother, John Roach, Danville, and two sisters, Miss Hallie Roach and Mrs. Alonzo Reardon, both of Danville, and three grandchildren.

The body was removed from the Coyle funeral home in Perryville on Saturday afternoon to the residence of the daughter, Mrs. Brady, on the Lebanon road.

N. E. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S STATEMENT OF 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.

MARGIN RESERVED FOR BINDING

Form V, B. 1-A
COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Boyle

Vol. 110 Registration District No. 110

Ins. Town 4276 Primary Registration District No. 4276

City London (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Low Ann Ratch

(a) Residence, No. 110 Ward 1
(Usual place of abode) (If abroad, give city or town and country)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James Ratch

6. DATE OF BIRTH Nov - 30 - 1872

7. AGE Years 11 Months 3 Days 1 If LESS than 1 day, state in hrs. and min.

8. Trade, profession, or particular kind of work done, as engineer, seaman, bookkeeper, etc. seaman

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. seaman

10. Date deceased last worked at this occupation (month and year) Nov 1914 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE Ky

13. NAME Mr. Worfield

14. BIRTHPLACE Ky

15. MAIDEN NAME Sarah Shamer

16. BIRTHPLACE Ky

17. INFORMANT Boyle Ratch
(Address) Cherry Hill Ky

18. BURIAL, CREMATION, OR REMOVAL Place union Date Dec 1, 1914

19. UNDERTAKER A. B. Carter
(Address) Cherry Hill

20. FILED 3/5/40 19 1914 Boyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1-31- 19 14

22. I HEREBY CERTIFY, That I attended deceased from 1-29-14 to 1-31-14
I last saw him alive on 1-29-14 at 10:40 a.m.
to have occurred on the date stated above, at 10:40 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Cancer of Stomach
1-29-14

Contributory causes of importance not related to principal cause: unknown

Name of operation none Date of 1-31-14
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none date of injury 1-31-14
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no, specify 1-31-14
(Signed) John M. Deba, M. D.
(Address) Cherry Hill Ky

Death of Mrs. Roach

Mrs. Lou Ann Warfield Roach, about 70 years of age, died about 4 o'clock Wednesday afternoon at her home near Brumfield following a several weeks illness. She is survived by her husband, Mr. Tom Roach, and two daughters and two sons as follows: Mrs. Alonzo Rear-
don, Miss Hallie Roach and Mr. Boston Roach of Boyle county, and Mr. Johnny Roach of Versailles. Her father, Mr. George Warfield,

15 grandchildren and three great grandchildren also survive. Mrs. Roach was a member of the Doctors Fork Baptist church where her funeral was conducted this afternoon at 2 o'clock by her pastor, Rev. W. B. Casey. Burial took place in the church cemetery.

Old Union Cemetery Additional Burials
November 2021

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.

Form T. R. 1-A DEPARTMENT OF COMMERCE Bureau of the Census		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		State File No. <u>196</u> Registrar's No. <u>23</u>	
Registration District No. <u>110</u>		Primary Registration District No. <u>4276</u>			
1. PLACE OF DEATH: (a) County <u>Boyle</u> (b) City or town <u>Rural</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution: (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community _____ (years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Ky</u> (b) County <u>Boyle</u> (c) City or town <u>Mitchellsburg</u> (If outside city or town limits, write RURAL) (d) Street No. <u>Rural</u> (If rural give precinct) (e) If foreign born, how long in U. S. A.? _____ years			
3(a) FULL NAME <u>Thos. Roach</u> 3(b) If veteran, Name war _____ 3(c) Social Security No. _____		MEDICAL CERTIFICATION			
4. Sex <u>M</u> 5. Color or race <u>W</u> 6(a) Single, widowed, married, divorced <u>Widowed</u>		20. DATE OF DEATH <u>Jan-11</u> 19 <u>46</u>			
6(b) Name of husband or wife _____ 6(c) Age of husband or wife if alive _____ Years 7. Birth date of deceased <u>May-10</u> 18 <u>68</u> (Month) (Day) (Year)		21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw him alive on _____ 19____, and that death occurred on the date stated above at <u>7 A</u> M. Immediate cause of death <u>Heart disease</u> DURATION <u>2 yr</u>			
8. AGE: Years <u>77</u> Months <u>8</u> Days <u>8</u> If less than one day hr. _____ min. _____ 9. Birthplace <u>Franklin Co. Ky</u> 10. Usual occupation <u>Farmers</u> 11. Industry or business _____		Due to _____ Other conditions _____ (Include pregnancy within 3 months of death)			
FATHER: 12. Name <u>Jim Roach</u> 13. Birthplace <u>Ky</u> MOTHER: 14. Maiden name <u>Catherine Dugan</u> 15. Birthplace <u>Ky</u>		Major findings: Of operations <u>750</u> Of autopsy _____			
16(a) Informant's own signature <u>Boston Roach</u> (b) Address <u>Mitchellsburg Ky</u> 17. BURIAL, CREMATION, OR REMOVAL Place <u>Union</u> Date <u>1/12</u> 19 <u>46</u> 18(a) Signature of funeral director <u>A. B. Coyle</u> (b) Address <u>Princeton Ky</u>		22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place) While at work? _____ (c) Means of injury _____			
19(a) <u>Feb-4</u> " <u>46</u> (Date received by local registrar) (b) <u>Allie Vandarise</u> (Registrar's signature)		23. Signature <u>D. W. L. L. L.</u> (M. D. or other) _____ Address <u>Mitchellsburg Ky</u> Date signed <u>Feb-3-46</u>			

Perryville News

Miss Allie Vandaripe

Mr. Thomas Roach passed away Friday morning in his home near Mitchellsburg, following a long illness of complications. Born May 10, 1868, the deceased had spent his entire years in the community where he died. Immediate survivors included two daughters and two sons, Miss Hallie Roach, Mrs. iaMet.Bt Hallie Roach, Mrs. Mattie B. Reardon, Boston Roach, Boyle county and John L. Roach, Woodford county. Other relatives are two sisters, Mrs. Harry Reardon, Boyle county, Mrs. Henry Mas-on, Versailles, 17 grandchildren and nine great grandchildren. Funeral services at 2:30 P. M. Sunday at Doctors Fork church, conducted by the pastor Rev. J. Oliver Drek. Interment in the church cemetery. Coyle Funeral home was in charge of affairs.

Old Union Cemetery Additional Burials
November 2021

Form V. B. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18336
File No. _____
Registered No. 18

1. PLACE OF DEATH
County Boyle
Vol. Pct. 110
Reg. District No. 110
Ins. Town _____
City _____
Primary Registration District No. 4276

2. FULL NAME Geo. W. Worfield
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Widowed

6. DATE OF BIRTH Dec-7-1853

7. AGE Years 86 Months 8 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as farmer, lawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ky

13. NAME Small Worfield

14. BIRTHPLACE Ky

15. MAIDEN NAME Susan Strange

16. BIRTHPLACE Ky

17. INFORMANT Mrs. Beaton Beach
(Address) Boyle Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Union Date Aug-18, 1940

19. UNDERTAKER Coyle Funeral Home
(Address) Perryville Ky

20. FILED 9/4/41 21. Alie Vandave
Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug-16, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938 to 8-26, 1940
I last saw him alive on 8-26, 1940. Death in said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:
arteriosclerosis
Date of onset 7-24

Contributory causes of importance not related to principal cause: _____

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

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

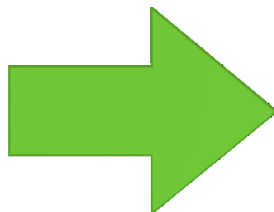
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify 4252
(Signed) D. M. Woodley M. D.
(Address) Perryville Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Old Union Cemetery Additional Burials November 2021



MITCHELLSBURG

MITCHELLSBURG, Ky., Aug. 21.—Thurman Marcum, well known Mitchellsburg man who represents Marcum, grocery as salesman, member of the National Guard, has been called to duty with the Guard in the State of Mississippi. He will be serving in connection with the government's national defense program.

Mr. Marcum was an exceptionally good citizen, honest and reliable, and his loss to Mitchellsburg will be felt keenly.

Funeral services for Mrs. Val-ley Graves, who died Tuesday morning, August 13, at her home in Washington, D. C., were held at 3:30 o'clock Thursday afternoon, August 15, at Mackville cemetery.

Mrs. Graves was well known here. Her husband, the late Nolan Graves, an engineer for the Louisville and Nashville Railroad Company, was killed about 30 years ago in a train wreck at Lebanon Junction, Ky.

Her survivors include two sons, Roy Graves, Harrodsburg attorney, and Edward Graves of the Department of Justice at Washington; one daughter, Mrs. Fred Ballard; one brother, W. O. Campbell, Harrodsburg, star route mail carrier for Mitchellsburg; and one sister, Ms. Nola Lowe, Louisville, Ky.

One of Boyle county's oldest citizens was claimed by death last week when George Warfield, 90, passed away at the home of his grandson, George Roach, at Brumfield. Mr. Warfield, who had been in ill health for some time, and had been bedfast since last November, died at 11 o'clock Friday night, August 16.

He is survived by nine grandchildren: Mrs. Mattie Reardon, Mitchellsburg; Miss Hallie Roach, Brumfield; George Roach, Brumfield; John Roach, Versailles, Ky.; Oliver Moore, Frankfort; Jessie Moore, Frankfort; Clarence Warfield, Lena Bell Warfield, and Shirley Mae Warfield of Versailles.

Funeral services were conducted at 10 o'clock Sunday morning, August 18, at Doctor's Fork Church in Boyle county. Those serving as pallbearers were Edgar Roach, Hobert Roach, Harry and Thomas Reardon, William Montgomery, and Leslie Reardon. Rites were in charge of the Rev. Mr. Smith of Perryville, and burial was

in old Union Cemetery.

Mr. and Mrs. J. L. Pendencygraft had as 6 o'clock dinner guests last Friday Mr. and Mrs. Alex Broyles and their daughter, Juanita Broyles, and Mrs. Nannie Broyles.

Returns To Detroit

Mr. and Mrs. Alex Broyles and daughter, Juanita Broyles, left Sunday for their home in Detroit, Mich., after a two-weeks vacation with friends and relatives.

Here on Vacation

Mrs. Mattie Belle Tobbe of Louisville is visiting friends and relatives. She is on a two-weeks vacation. Sunday, she was the guest of her grandmother, Mrs.

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"Don't
SEE YOUR NEAREST B

????????????

CROOK MOTO

117 NORTH SECOND ST.

Old Union Cemetery Additional Burials November 2021

No Obit for John Reardon
But his burial in Union is marked in lower left corner

MARGIN RESERVED FOR BINDING
WITH UNFADING INK—This is a permanent record. Every item of information supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in it it may be properly classified. Exact statement of OCCUPATION is very important. See instructions.

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Dr. 17313	
1. PLACE OF DEATH County <u>Boyle</u>		Registration District No. <u>110</u>		File No. _____	
Vol. Pct. <u>3</u>		Primary Registration District No. <u>4276</u>		Registered No. <u>16</u>	
Ino. Form <u>Boyle</u>		(No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)			
City <u>John H. Reardon</u>					
2. FULL NAME					
(a) Residence, No. _____ St. _____ Ward _____ (Usual place of abode)		(If nonresident, give city or town and State.)			
Length of residence in city or town where death occurred yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OF RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____					
6. DATE OF BIRTH <u>Sept-4-1864</u>					
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day.....hrs. or.....min.					
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE <u>Franklin Co Ky</u>					
13. NAME <u>Wm Reardon</u>					
14. BIRTHPLACE <u>Ky</u>					
15. MAIDEN NAME <u>Margaret Duine</u>					
16. BIRTHPLACE <u>Ky</u>					
17. INFORMANT <u>Tom Reardon</u> (Address) <u>Perryville Ky</u>					
18. BURIAL, CREMATION, OR REINTERMENT Place <u>Union</u> Date <u>Aug-22-1943</u>					
19. UNDERTAKER <u>A. B. Cohen</u> (Address) <u>Perryville Ky</u>					
20. FILED <u>Sept 1</u> , 1943 <u>Allen Landan</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH <u>Aug-21-1943</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1943 (Aug-19-1943) to _____, 1943 (Aug-21-1943). I last saw him alive on _____, 1943 (Aug-19-1943). Death is said to have occurred on the date stated above, at _____, Ky. The principal cause of death and related causes of importance in order of onset were as follows: <u>illness</u> Date of onset <u>1940</u>					
Contributory causes of importance not related to principal cause: _____					
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>D. M. Godbey</u> M. D. (Address) <u>Perryville Ky</u>					



Old Union Cemetery Additional Burials
November 2021

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

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

1 PLACE OF DEATH
County Baylor
Vol. Pct. No 3
Inc. Town
City (No. St. Ward)

Registration District No. 110
Primary Registration District No. 4243

File No. 19711
Registered No. 28
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Jane Reardon

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 Single Married married Widowed or Divorced (Write the word)

6 DATE OF BIRTH Dec 20 (Month) (Day) (Year)

7 AGE 62 yrs. 7 mos. 2 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION (a) Trade, profession or particular kind of work house keeper (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER Hugh Reardon

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Mary Ann Harlow

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. H. Reardon (Address) Mitchellsburg

15 Filed Sept 29 1927 J. A. Carpenter Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 21 1927 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 20 1927 to July 20 1927, that I last saw her alive on July 20 1927, and that death occurred on the date stated above at 4 P.M.

The CAUSE OF DEATH* was as follows:
interstitial nephritis
(Duration) 1 yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.
(Signed) D. W. Proby M. D. July 22 1927 (Address) Perryville Ky

*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Dryden Cemetery DATE OF BURIAL July 22 1927

20 UNDERTAKER R. D. Harrison ADDRESS Harlow

11-5184

WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD

N. 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.

BRUMFIELD

BRUMFIELD, July 26.—Mrs. Margaret Reardon died at the home of her daughter, Mrs. Eugene Roach, Thursday afternoon, July 21st, of diabetis. She was born in Frankfort in 1865. Later moved to this section, possibly 42 years ago. She was a good woman and was liked by all who knew her. Mrs. Reardon is survived by her husband, Mr. John Reardon and three children, Mrs. Eugene Roach of this place, Mrs. Allen Lee, Louisville, Mr. Thomas Reardon, of Riley, Ky. The funeral was conducted by Rev. Atkins of Perryville. She was laid to rest in the Doctors Fork cemetery.

Old Union Cemetery Additional Burials November 2021

For those of you interested,
Cemetery books are still available.
Robbie Mayes has a few copies in
Perryville and I have a few copies left
Too.

Contact me at
pipesb@pipesfamily.com

Or contact Robbie at
gabbymayes@gmail.com