

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

1 PLACE OF DEATH  
 County Mushlenberg  
 Vet. Pat. Ennis, Ky.  
 Inc. Town.....  
 City..... (No. .... St. .... Ward)

File No. ....  
 Registered No. ~~3126~~

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

Registration District No. 7127  
 Primary Registration District No. 7

2 FULL NAME Manda K. Arndel

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female  
 4 COLOR OR RACE White  
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed  
 6 DATE OF BIRTH February 4, 1844  
 (Month) (Day) (Year)  
 7 AGE 73 yrs. 9 mos. 5 ds.  
 IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Kentucky

PARENTS  
 10 NAME OF FATHER Campfield  
 11 BIRTHPLACE OF FATHER (State or country) United States  
 12 MAIDEN NAME OF MOTHER Grubb  
 13 BIRTHPLACE OF MOTHER (State or country) United States

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) C. J. Turner  
 (Address) Ennis, Ky.

15 Filed 11-9-1917 G. D. Hering REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Nov 9, 1917  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1917, to Nov 9, 1917, that I last saw her alive on Sept 4, 1917, and that death occurred on the date stated above at 12 a. m. The CAUSE OF DEATH\* was as follows:

Chronic Interstitial Nephritis  
 (Duration) 2 yrs. .... mos. .... ds.

Contributory (SECONDARY).....  
 (Duration)..... yrs. .... mos. .... ds.  
 (Signed) H. D. Neuman, M. D.  
Nov 9, 1917 (Address) Drakesboro, 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 Williams B. Co. (Ennis, Ky.) DATE OF BURIAL Nov 9, 1917

20 UNDERTAKER Wanda Mercer ADDRESS Rochester, Ky.

WRITE PLAINLY. IN UPFARING INK—THIS IS A PERMANENT RECORD.  
 B. 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.