

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

PLACE OF DEATH
County Muhlenberg Ky
Vot. Pat. _____
Inc. Town Paradise Ky
City _____ No. _____ St. _____ Ward _____

File No. **8472**

FULL NAME Raymond Pearl Arndell

Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>Jan 12, 1913</u> (Month) (Day) (Year)		
7 AGE <u>2</u> yrs. <u>3</u> mos. _____ ds.		8 IF LESS than 1 day _____ hrs. or _____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Muhlenberg Co</u>		
PARENTS	10 NAME OF FATHER <u>Nathan Arndell</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg</u>	
	12 MAIDEN NAME OF MOTHER <u>Bertha Hughes</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg Co</u>		

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH
March 11, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1913, to March 11, 1913, that I last saw him alive on _____, 1913, and that death occurred, on the date stated above, at 11.9 a.m.

The CAUSE OF DEATH* was as follows:
double pneumonia

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____, M. D.
(Address) _____, 191_____

*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 2 yrs. 3 mos. _____ ds. In the _____ State 2 yrs. 3 mos. _____ ds.

Where was disease contracted, if not at place of death?
Former or usual residence Paradise Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bud Arndell
(Address) Paradise Ky

19 PLACE OF BURIAL OR REMOVAL
Simmons Chapel DATE OF BURIAL Mar 12, 1913

20 UNDERTAKER
Orill Wood ADDRESS Rochester Ky

15 Filed March 12, 1913 Dr. F. H. Smith
REGISTRAR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
B. B.—Every item of information should be carefully supplied. AGE should be stated FULLY. 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.