

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

1 PLACE OF DEATH
County Franklin
Vol. No. 15
Inc. Town Cleaton, Ky
City _____ (No. _____ St. _____ Ward _____)

File No. 23303

Registered No. _____

3 FULL NAME Carry Arnold

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

PERSONAL AND STATISTICAL PARTICULARS

4 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If with the word) <u>Divorced</u>
6 DATE OF BIRTH <u>Oct 19 1888</u> (Month) (Day) (Year)		
7 AGE <u>23</u> yrs. <u>10</u> mos. <u>12</u> ds.		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) <u>factory</u>		
9 BIRTHPLACE (state or country) <u>Ky</u>		

PARENTS	10 NAME OF FATHER <u>Charles Arnold</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>
	12 MAIDEN NAME OF MOTHER <u>Josephine Arnold</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Arnold
(Address) Central City

15
Filed 9-2-1912 at Williamson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Sept 1 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1912, to Sept 1, 1912, that I last saw her alive on Sept 1, 1912, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Gastroenteritis

(Duration) ... yrs. 2 mos. 3 ds.

Contributory (SECONDARY) _____ (Duration) ... yrs. ... mos. ... ds.
(Signed) LeRoy Willis, M. D.
Sept 1 1912 (Address) Cleaton, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, STATE (1) MANNER OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
(1) 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 _____

18 PLACE OF BURIAL OR REMOVAL <u>Herby G. Ford</u>	DATE OF BURIAL <u>Sept 2 1912</u>
19 UNDERTAKER <u>J. L. Thomas</u>	ADDRESS <u>Cleaton</u>

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.