

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

1 PLACE OF DEATH

County MuhlenbergVot. Prec. Beach CreekIns. Town #22City -Registration District No. 872Primary Registration District No. 71259(No. 872 St., - Ward)File No. 22865Registered No. 28

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

2 FULL NAME Emma J. Arnold

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)6 DATE OF BIRTH Apr. 20, 1911  
(Month) (Day) (Year)7 AGE 4 yrs. 4 mos. 9 da. 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) Muhlenberg Co., Ky10 NAME OF FATHER John A. Arnold11 BIRTHPLACE OF FATHER (State or country) Butler Co., Ky.12 MAIDEN NAME OF MOTHER Anna Reeves13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co., Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) R. B. Morris  
(Address) Beach Creek, Ky.15 Filed 2-9-1916 H. L. Kimmel  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 7, 1915  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1915, to same date, 1915, that I last saw him alive on Sept. 7, 1915, and that death occurred on the date stated above at 3 P. m. The CAUSE OF DEATH\* was as follows:acute Congestion of Lungs  
(Duration) No. yrs. no mos. 1 da.Contributory Heart Disease  
(Secondary) (Duration) 1 yrs. - mos. - da.(Signed) R. B. Morris, M. D.  
Sept. 7, 1915 (Address) Beach Creek, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER 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... da. State... yrs... mos... da.  
In the  
Where was disease contracted,  
if not at place of death?  
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Watts Chapel DATE OF BURIAL Sept. 8, 191520 UNDERTAKER P. A. Stuart ADDRESS Beach Creek, Ky.