

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

2009

PLACE OF DEATH  
County *Murray*  
Vol. No. *66429*  
Inc. Town *Central City*  
City (No. *870*) St. *8422* Ward

Registration District No. *870*  
Primary Registration District No. *8422*

Permit # *1* File No. *1*  
Registered No. *1*

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

FULL NAME *Yvonne Ellen Arnold*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *white* SINGLED, MARRIED, WIDOWED, OR SEPARATED (Write the word)

DATE OF BIRTH *Feb 20 1901*  
(Month) (Day) (Year)

AGE *19 yrs. 11 mos. 20 ds.* IF LESS than 1 day... hrs. or... min.?

OCCUPATION (a) Trade, profession, or particular kind of work. *H. W.*  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) *McLean Co Ky.*

NAME OF FATHER *Floyd Ellis*

BIRTHPLACE OF FATHER (State or country) *McLean Co Ky.*

MARIED NAME OF MOTHER *Yvonne Miller*

BIRTHPLACE OF MOTHER (State or country) *McLean Co.*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Floyd Ellis*  
(Address) *Central City Ky.*

Filed *2/21 1921* *W. L. Blansford* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Jan 5 1921*  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *Jan 2 1921* to *Jan 5 1921*, that I last saw *her* alive on *Jan 5 1921*, and that death occurred on the date stated above at *8* m. The CAUSE OF DEATH\* was as follows:

*Tracheitis of Pregnancy*  
(Duration) *5* yrs. *5* mos. *5* ds.

Contributory (SECONDARY) *None*  
(Signed) *J. P. Patton* M. D.  
*Jan 5 1921* (Address) *Central City Ky.*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death *5* yrs. *5* mos. *5* ds. In the State *5* yrs. *5* mos. *5* ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

PLACE OF BURIAL OR REMOVAL *Central City Ky.* DATE OF BURIAL *Jan. 6, 1921*

UNDERTAKER *Master Thomas Central City Ky.* ADDRESS

WRITE PLAINLY IN INK—THIS IS A PERMANENT RECORD  
 IN WRITING INK—THIS IS A PERMANENT RECORD  
 Every item of information 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.

MARGIN RESERVED FOR RECORDS