

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

PLACE OF DEATH *7122*
Muhlenberg

not. Bremer

Ino. Town *Mo. 2*

City _____ (No. _____ St.) _____ Ward _____

FULL NAME *J. W. Arnold.*

File No. *18156*

Registered No. *55*

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

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Single*

DATE OF BIRTH *Jan 1st 1909*
(Month) (Day) (Year)

AGE *3 yrs. 6 mos. 14 ds.* IF LESS than 1 day... hrs, or... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work *none*
(b) General nature of industry business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) *Okla.*

10 NAME OF FATHER *Jno. W. Arnold*

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

12 MAIDEN NAME OF MOTHER *Modest Buchanan*

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. L. Buchanan*
(Address) *Paducah Ky.*

15 Filed *July 18, 1912* *Mc Grundy* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 17, 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *July 10, 1912*, to *July 17, 1912*, that I last saw him alive on *July 17, 1912*, and that death occurred, on the date stated above, at *1 P.* m.

The CAUSE OF DEATH* was as follows:

Acute Dysentery
(Duration) ... yrs. ... mos. *8* ds.

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

(Signed) *W B Shelton*, M. D.
July 17, 1912 (Address) *Bremer Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, MAKE (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 *Central City* DATE OF BURIAL *July 18, 1912*

20 UNDERTAKER *Walter Moore Central City* ADDRESS _____

WRITE CLEARLY, WITH CAREFUL PEN-THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated. SEX, PHYSICIAN'S CAUSE OF DEATH in plain language, so that it may be properly classified. E. I. statement of OCCUPATION important. See instructions on back of certificate.