

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

8728716

PLACE OF DEATH  
County Muhlenberg  
Vol. No. East B. Reg. Registration District No. 871  
City Greenville Primary Registration District No. 1132  
FULL NAME Marion Mayfield Arnold Ward

File No. 28581

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Female  
2 COLOR OR RACE White  
3 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow  
4 DATE OF BIRTH Sept. 24, 1850  
7 AGE 65 yrs. 11 mos. X ds. IF LESS than 1 day, hrs., or min.? 0  
8 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business or establishment in which employed (or employer) Widow  
9 BIRTHPLACE (State or country) Muhlenberg County  
10 NAME OF FATHER Edw. Jones  
11 BIRTHPLACE OF FATHER (State or country) Virginia  
12 MAIDEN NAME OF MOTHER Annette Ribbet  
13 BIRTHPLACE OF MOTHER (State or country) Hopkirk county

14 DATE OF DEATH August 24, 1916  
15 I HEREBY CERTIFY, That I attended deceased from Aug. 9<sup>th</sup>, 1916, to Aug. 24<sup>th</sup>, 1916, that I last saw him alive on Aug. 24<sup>th</sup>, 1916, and that death occurred on the date stated above at 11:30 a.m. THE CAUSE OF DEATH\* was as follows:  
Jauandice  
(Duration) 1 yrs. 0 mos. 0 ds.  
Contributory Containing the remains of Emphysema (Duration) 20 yrs. 0 mos. 0 ds.  
(Signed) William H. Staten, M. D.  
Aug. 25, 1916 (Address) Greenville, Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Laura Arnold  
(Address) Greenville Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.  
15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death 0 yrs. 0 mos. 0 ds. State 0 yrs. 0 mos. 0 ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

15 Filed 8/25, 1916 C. B. Houshick Registrar

16 PLACE OF BURIAL OR REMOVAL Evergreen Cemetery DATE OF BURIAL 8/26, 1916  
20 UNDERAKER Orville L. Road ADDRESS Greenville Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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.