

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

36282

1 PLACE OF DEATH

County *Muhlenberg*Vol. Pot. *21*Registration District No. *870*

File No.

Ino. Town

Primary Registration District No. *2435*Registered No. *40*City *Central City* (No.) St., *1st* Ward2 FULL NAME *Arthur's Arnold*
 [If death occurred in a
 hospital or institution
 give its NAME (instead of
 street and number.)]

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH 1836 (Month) (Day) (Year)

 7 AGE *82* yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

 9 BIRTHPLACE (State or country) *Kentucky*

 PARENTS 10 NAME OF FATHER *Jacob G. Paag* 11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co.* 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co. Ky.*

 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *W. F. Arnold* (Address) *Central City Ky.*

 15 Filed *Oct 10, 1918* *C. L. Toland* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH *Oct 10, 1918* (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from *Oct 9, 1918*, to *Oct 9, 1918*, that I last saw him alive on *Oct 9, 1918*, and that death occurred on the date stated above at *2 1/2 pm*. THE CAUSE OF DEATH* was as follows: *Angina pectoris*

 Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) *J. L. McDaniel*, M. D. *Oct 10, 1918* (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.

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

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

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Poplar Grove Plot 11, 1918 20 UNDERTAKER *Mont. Moore* ADDRESS *Central City Ky.*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. 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.