

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21183

1 PLACE OF DEATH
County Bullittsburg
Vol. Pat. Bureau Registration District No. 81118 File No. _____
Inc. Town Dunmore Primary Registration Dist. No. _____ Registered No. _____
City _____ (No. _____ St. _____ Ward _____)
2 FULL NAME Bessie Arnold

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6 DATE OF BIRTH Feb 24 1896
(Month) (Day) (Year)
7 AGE 26 yrs. 5 mos. 23 ds. If LESS than 1 day....hrs, or....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work Musee
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Bullitt Co Ky
10 NAME OF FATHER Silas M Wood
11 BIRTHPLACE OF FATHER (State or country) Bullitt Co Ky
12 MAIDEN NAME OF MOTHER Russie Rogers
13 BIRTHPLACE OF MOTHER (State or country) Letcher Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mayra Arnold
(Address) Dunmore 14

15 Filed 8-16, 1920 at H. B. Brumber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 16 1920
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Aug 9 1920, to Aug 16 1920
that I last saw him alive on Aug 16 1920
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Meningitis

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) E. K. Haber, M. D.
8/16 1920 (Address) Dunmore 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 _____ In the _____
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Dunmore Cemetery DATE OF BURIAL 8/19 1920
20 UNDERTAKER D. Hector ADDRESS Dunmore Ky

c. c. # 529
6-23-21
103
11-11-24

MARGIN RESERVED FOR BINDING

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. 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.