

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4800

1 PLACE OF DEATH
County Muhlenberg
City Pennrod (No. 1090 St. Ward)
Reg. Dist. No. 1090
Ins. Town Pennrod Primary Registration District No. 2967
Registered No.

2 FULL NAME Silas Chatman Arnold
(a) Residence. No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S.. If of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
3 SEX 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word)
6a If married, widowed, or divorced HUSBAND OF Mollie C. Lard (or) WIFE of Mollie C. Lard
6 DATE OF BIRTH Mar. 1, 1876 (Month) (Day) (Year)
7 AGE 52 yrs. mos. ds. IF LESS than 1 day hrs. or min?
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Farming (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) (State or country) Muhlenberg Co
10 NAME OF FATHER St. H. Arnold
11 BIRTHPLACE OF FATHER (city or town) (State or country) State of Ky.
12 MAIDEN NAME OF MOTHER Judachmidt
13 BIRTHPLACE OF MOTHER (city or town) (State or country) State of Ky.

14 (Informant) Mollie Arnold
(Address) Pennrod Ky

15 Filed 9-6, 1928 Registrar

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 2-29, 1928 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9-9, 1927, to 9-3, 1928, that I last saw him alive on 9-3, 1928, and that death occurred on the date stated above at 2:30 p.m.
The CAUSE OF DEATH* was as follows:
Angina Pectoris

(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) , M. D.
3-6, 1928 (Address) Pennrod Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Pennrod Ky - Cemetery DATE OF BURIAL 3-6, 1928

20 UNDERTAKER ADDRESS

PLEASE PRINTED FOR THE RECORD

WRITE PLAINLY IN 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.