

1 PLACE OF DEATH

County Muhlenberg

Vol. Fol. Proctor's

Ino. Town.....

City.....

2 FULL NAME Mrs. Vera Arnold

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

Registration District No. 257

Primary Registration District No. 12

(No. .... St., .... Ward)

File No. 24017

Registered No. 16

(If death occurred in a hospital or institution, give the 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 Aug - 15 - 1902  
(Month) (Day) (Year)

7 AGE 14 yrs. 30 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work... House Girl  
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg

10 NAME OF FATHER James Arnold

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg

12 MAIDEN NAME OF MOTHER Martha Steel

13 BIRTHPLACE OF MOTHER (State or country) Dunklinton

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. B. Wedover, D.P.H.

(Address) Proctor's

15 Filed 9/18, 1916 J. B. Wedover, D.P.H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept - 14 - 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1916, to Sept 14, 1916 that I last saw him alive on Sept 14, 1916 and that death occurred on the date stated above at 11 m. The CAUSE OF DEATH was as follows:  
Typhoid Fever

(Duration) .... yrs. .... mos. .... ds.

Contributory (SECONDARY) Relapsing

(Signed) J. B. Wedover, D.P.H. M. D.

Sept. 16, 1916 (Address) Proctor's

\* State the DISEASE CAUSING DEATH, or, in death 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.

Where was disease contracted, if not at place of death? ... Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS McDonald & Smith 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. 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.