

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

1. PLACE OF DEATH

County *Muhlenberg*Vot. Pot. *St. C. C. #13*Inc. Town *Central City*

City (No. St., Ward)

Registration District No. *170*Primary Registration District No. *2435*2. FULL NAME *Arka M. Bibb*File No. *6521*Registered No. *6*

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F. M.* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*
(Write the word)6. DATE OF BIRTH *November 11, 1857*
(Month) (Day) (Year)7. AGE *85* yrs. *3* mos. *29* ds. IF LESS than 1 day ... hrs. or ... min.?8. OCCUPATION
(a) Trade, profession, or particular kind of work *House Keeper.*
(b) General nature of industry business or establishment in which employed (or employer)9. BIRTHPLACE (State or country) *Muhlenberg Co.*10. NAME OF FATHER *John Civers*11. BIRTHPLACE OF FATHER (State or country) *Dot know*12. MAIDEN NAME OF MOTHER *Louisa Uncle*13. BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co.*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *M. E. Bibb*(Address) *.....*15. Filed *4/11*, 1921 *A. L. Bradford* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Feb. 10, 1921*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Feb. 2*, 1921, to *Feb. 10*, 1921, that I last saw her alive on *Feb. 10*, 1921, and that death occurred on the date stated above at *7:30* p.m. The CAUSE OF DEATH was as follows:
*Pneumonia*Contributory (SECONDARY) *.....*
(Duration) yrs. mos. ds.(Signed) *W. D. P. Walker*, M. D.
Feb. 11, 1921 (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. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL *Sacramento Ky.* DATE OF BURIAL *2/11, 1921*20. UNDERTAKER *Montgomery* ADDRESS *Central City Ky.*