

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

1 PLACE OF DEATH

County Christian

Vot. Precinct Dalmyrat #30

Ino. Town..... Primary Registration District No. 08800

City..... Wentworth No. State Hospital St.,.....

2 FULL NAME Mary Archie

File No. 38235

Registered No. 458

[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) married

6 DATE OF BIRTH 1859  
(Month) (Day) (Year)

7 AGE 59 yrs. .... mos. .... ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Virginia

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. Louise Kull  
(Address) H. Hopkinsville Ky

15 Filed Dec 2, 1918 W.H. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 2, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1918, to Dec 2, 1918, that I last saw him alive on Dec 1, 1918, and that death occurred on the date stated above at 3:00 P.M. The CAUSE OF DEATH\* was as follows: Arteriosclerosis

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

Contributory (SECONDARY) Chronic Diabetes

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

(Signed) J. Louise Kull, M. D.  
Dec 2, 1918 (Address) H. Hopkinsville 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, TRAINING 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 W. H. Hopkinsville, Ky

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Graham Ky Dec, 1918

20 UNDERTAKER ADDRESS  
Walker & Luce Co. Hopkinsville Ky

OCCUPATION is very important. See instructions on back of certificate.