

Form V, S. 1-20m-4-10-19

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

1 PLACE OF DEATH
County Muhlenberg

20 Vet. Pat. West Boggs

Ins. Town _____

City _____

Registration District No. 1093

Primary Registration District No. 6893

(No. _____ St. _____ Ward _____)

File No. _____

Registered No. _____

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

3 FULL NAME Arvis Louise Pukes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Negro 5 Single Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH Oct 1917
(Month) (Day) (Year)

7 AGE 5 yrs. 5 mos. 5 ds.
IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Muhlenberg

10 NAME OF FATHER Arvis Pukes

11 BIRTHPLACE OF FATHER (State or country) Christian co

12 MAIDEN NAME OF MOTHER Bessie Pritchett

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arvis D. Pukes

(Address) Greenville Ky

Filed Feb 4 1924 W. H. Hill Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 3 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1924, to 0, 1924, that I last saw h. alive on Feb 2, 1924, and that death occurred on the date stated above at 30 m.

The CAUSE OF DEATH* was as follows: Croup

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Croup in water
(Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. J. Stator, M. D.

_____ 1924 (Address) _____

*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 _____ State _____ yrs. _____ mos. _____ ds.
of death _____ 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 Feb 4 1924

20 UNDERTAKER McDonald & DeWitt Greenville ADDRESS _____