

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

1 PLACE OF DEATH

County Washington

Vol. Book 111

Inc. Town 2

City (No. St., Ward)

Registration District No. 872

Primary Registration District No. 7125 G

File No. 12071

Registered No. 14

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

2 FULL NAME Armin Mayhan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Apr 23, 1891
(Month) (Day) (Year)

7 AGE 23 yrs. — 3 mos. — 3 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Washington Co. Ky

PARENTS

10 NAME OF FATHER Frank Pearson

11 BIRTHPLACE OF FATHER (State or country) Warren Co. Tenn

12 MAIDEN NAME OF MOTHER Lou Joubert

13 BIRTHPLACE OF MOTHER (State or country) Robeson Co. Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Armin Mayhan
(Address) Washington Ky

15 Filed 4-2-14 at Washington REGISTRY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 24, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1914, to Apr 24, 1914, that I last saw her alive on Apr 14, 1914, and that death occurred on the date stated above at 8 a.m. The CAUSE OF DEATH was as follows:
Tuberculosis of Lungs

(Duration) ... yrs. 2 mos. 18 ds.

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

(Signed) H. F. White, M. D. Apr 24, 1914 (Address) Beach Creek, 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. State ... yrs. ... mos. ... ds. In the
Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hazel Creek DATE OF BURIAL 4-27-1914
FUNERAL TAKER L. H. Stewart ADDRESS Beach Creek, Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE when died 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.