

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. **28174**

PLACE OF DEATH

County **Muhlenberg**Vot. Pct. **Beech Creek Ky**Registration District No. **1092**

Registered No.

Inc. Town.....

Primary Registration District No. **6827**

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

City.....

(No. St. Ward)

2 FULL NAME

Arnilda Tannehil Welborn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female**4 COLOR OR RACE **White**5 Single Married Widowed Divorced (Write in)6 DATE OF BIRTH **July 23 1849**
(Month) (Day) (Year)7 AGE **84** yrs. **5** mos. **30** ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work **At home**
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) **Muhlenberg Co., Ky.**10 NAME OF FATHER **Robert Cundiff**11 BIRTHPLACE OF FATHER (State or country) **Kentucky**12 MAIDEN NAME OF MOTHER **Elizabeth Tannehil**13 BIRTHPLACE OF MOTHER (State or country) **Kentucky**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Mrs. Lola West**(Address) **Drakesboro, Ky.**15 Filed **1/23**, 19**34** **Victor Jenkins** Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **January 22 1934**
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from **January 31, 1934**, to **January 31, 1934**, that I last saw her live on **Dec 31, 1933**, and that death occurred on the date stated above at **8 P.** m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial NephritisContributory (Duration) **3** yrs. **—** mos. **—** ds.
(Secondary) **Valvular heart insufficiency**(Signed) **H. D. Neymar, M. D.**
Jan 22 1934 (Address) **Drakesboro, Ky.**

*State the Disease Causing Death, or, in deaths from Violence, 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 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 (Address) **Drakesboro, Ky. (Home)** DATE OF BURIAL **1/23 1934**20 UNDERTAKER **Victor Jenkins** ADDRESS **Beech Creek Ky**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information could be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.