

PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County *Whitley*

CERTIFICATE OF DEATH

File No. *20817*

Vol. *15*

Registration District No. *7135*

Registered No. *211*

Inc. Town *Creston*

Primary Registration District No.

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

City (No. St. Ward)

FULL NAME *Charles MacArthur*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Male* COLOR OR RACE *colored* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the year)

DATE OF DEATH *Oct 29 1914*
(Month) (Day) (Year)

DATE OF BIRTH *Sept 9 1882*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *Oct 21 1914*, to *Oct 29 1914*, that I last saw him alive on *Oct 29 1914*, and that death occurred on the date stated above at *3:00* p.m. The CAUSE OF DEATH* was as follows: *Malaria and acute gastritis*

AGE *32* yrs. *6* mos. *13* ds. IF LESS than 1 day... hrs. or... min.?

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

(Duration) ... yrs. ... mos. *10* ds.

BIRTHPLACE (State or country) *Ky.*

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

10 NAME OF FATHER *Chas MacArthur*

(Signed) *LeRoy Wallis*, M. D. *Oct 28 1914* (Address) *Creston Ky*

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

12 MAIDEN NAME OF MOTHER *Sara Hayden*

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Dennis Young* (Address) *Creston*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT 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

15 Filed *Oct 30 1914* *W. H. Moore* REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *Wickliffe Garage* DATE OF BURIAL *Oct 30 1914*

20 UNDERTAKER *Ed George* ADDRESS *Greenville Ky*

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERM

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.