

1 PLACE OF DEATH

County Muhlenberg CoVot. Pct. W B 99022

Inc. Town.....

City.....

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1093Primary Registration District No. 6833

(No. St., Ward)

2 FULL NAME Arriller Stevenson

File No.

6965

Registered No.

(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 col 5 Single Child
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH June 1927
(Month) (Day) (Year)7 AGE 3 yrs. 8 mos. 12 ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Child
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Muhlenberg Co10 NAME OF FATHER Rob Stevenson11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co12 MAIDEN NAME OF MOTHER Ruthie Lucas13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rob Stevenson(Address) Griffin Ky15 Filed March 15 1927 C. D. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 15 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from March 13 1927, to March 14 1927, that I last saw her alive on March 14 1927, and that death occurred on the date stated above at m.

The CAUSE OF DEATH* was as follows:

Spinal Meningitis
(Duration) yrs. mos. 7 ds.

Contributory (Secondary).....

(Signed) B. G. Argabrite M. D.
1927 (Address) Greenville

*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. In the State yrs. mos. ds.

Where was disease contracted,

if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Mount Zion DATE OF BURIAL March 16 192720 UNDERTAKER Tilmon Jordan ADDRESS Greenville Ky

TAKEN RESERVED FOR MEXICO

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

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