

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
<p>FORM V. D. 1-200 N. 10-18-15 Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 15328</p>			
1 PLACE OF DEATH County <u>Harrison</u> Vol. Pat. <u>Reahland</u> Inc. Town _____ City _____ (No. _____ St.) Ward _____		File No. _____ Registered No. <u>6158</u> (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Joe Wesley Arnold</u>			
3 SEX <u>Male</u> 4 COLOR OR RACE <u>white</u> 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If 2/26 the word) <u>Infant</u>	10 DATE OF DEATH <u>Stillborn June 26, 1916</u> (Month) (Day) (Year)		
6 DATE OF BIRTH <u>June 26, 1916</u> (Month) (Day) (Year)		7 I HEREBY CERTIFY, That I attended deceased from <u>at birth</u> , 191... to _____, 191... that I last saw him alive on _____, 191... and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Still Born</u>	
8 AGE <u>00</u> yrs. <u>00</u> mos. <u>00</u> ds. If LESS than 1 day, hrs. or a. min. ?		9 OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____	
9 BIRTHPLACE (State or country) <u>Harrison Co, Ky</u>		11 I HEREBY CERTIFY, That I attended deceased from _____, 191... to _____, 191... that I last saw him alive on _____, 191... and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Still Born</u>	
10 NAME OF FATHER <u>Wood Cole Arnold</u>		12 I HEREBY CERTIFY, That I attended deceased from _____, 191... to _____, 191... that I last saw him alive on _____, 191... and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Still Born</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Harrison Co Ky</u>		13 I HEREBY CERTIFY, That I attended deceased from _____, 191... to _____, 191... that I last saw him alive on _____, 191... and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Still Born</u>	
12 MAIDEN NAME OF MOTHER <u>Pearl Inez Holland</u>		14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____	
13 BIRTHPLACE OF MOTHER (State or country) <u>Harrison Co Ky</u>		15 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 191...	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____		16 UNDERTAKER _____ ADDRESS _____	
15 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 191...		17 I HEREBY CERTIFY, That I attended deceased from _____, 191... to _____, 191... that I last saw him alive on _____, 191... and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Still Born</u>	
16 UNDERTAKER _____ ADDRESS _____		18 I HEREBY CERTIFY, That I attended deceased from _____, 191... to _____, 191... that I last saw him alive on _____, 191... and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Still Born</u>	
Filed _____, 191 <u>Wellington, Laus</u> REGISTRAR		19 I HEREBY CERTIFY, That I attended deceased from _____, 191... to _____, 191... that I last saw him alive on _____, 191... and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Still Born</u>	