

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Main File No. 17976
Register's No. 49

Registration District No. 1310 Primary Registration District No. 8149

1. PLACE OF DEATH
(a) County Farmers Ky
(b) City or town Rowan Ky
(c) Name of hospital or institution None
(d) Length of stay: in hospital or community 43 yrs
(If not in hospital or institution write street number or location)
(If rural, month or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Rowan
(c) City or town Farmers Ky
(d) Street No. #11
(e) If foreign born, how long in U. S. A. 1899

3(a) FULL NAME Jerry South Arnett
(b) If veteran, Name war No. (c) Social Security No.

4. Sex M 5. Color or race W (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Emma Abbin Tumpkin

(c) Age of husband or wife if alive 61 years
7. Birth date of deceased July 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 3 (If less than one day, in min.)

9. Birthplace Magoffin Co Ky

10. Usual occupation Store (General)

11. Industry or business General Store

12. Name Frank Arnett

13. Birthplace Clinton, Ky

14. Maiden name Sara Hampton

15. Birthplace Dont, Ky

16(a) Informant's own signature Hella Arnett (Sister)
(b) Address Farmers Ky

17. BURIAL, CREMATION, OR DISPOSITION
Place James Carr Salt Dick Ky July 5 1940

18(a) Signature of funeral director Barnes & Horceman
(b) Address Salt Dick Ky

19(a) July 4, 1940 (Date received by local registrar) (b) W. E. Young (Registrar's signature)

20. DATE OF DEATH July 4 1940
21. I hereby certify that I attended the deceased from March 1 1936 to July 4 1940 and that I last saw him/her alive on July 4 1940 and that death occurred on the date stated above 12:22 A.M.

Immediate cause of death Myocarditis with Right Ventricular Failure
Chronic nephritis
Senility
Other conditions Hypertensive Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? in or about home, on farm, in industrial place or public place? _____
(Specify type of poison) _____

Write at work _____ (d) Means of injury 11142

13. Signature W. E. Young M.D. (M. D. or other)
Address Morehead Ky Date signed 7/4/40

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. 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.