

Commonwealth of Kentucky
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Bath

Vol. No. 5106

Inc. Town

City

Registration District No. 52

Primary Registration Dist. No. 5106

File No. 27262

Registered No.

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

2 FULL NAME Mrs. Ellen Hagaman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OF HAIR White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

6 DATE OF BIRTH Sept 2 1881

7 AGE 25 yrs. 2 mos. 4 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work House wif (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Bath

10 NAME OF FATHER John Hagaman

11 BIRTHPLACE OF FATHER (State or country) Swampscott England

12 MAIDEN NAME OF MOTHER M. Shropshire

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ellen Hagaman

(Address) Bath, Ky

Filed 11/20 1916 by J. C. Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH November 4, 1916

11 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1916, to Nov 4, 1916 that I last saw her alive on Sept. 3, 1916 and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(Duration) 6 ds.

Contributory (Secondary) (Duration) 6 yrs. 6 mos. 6 ds.

(Signed) D. L. Nickell, M. D. (Address) Bath, Ky

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

(13) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) At place of death 6 yrs. 6 mos. 6 ds. State 6 yrs. 6 mos. 6 ds.

Where was disease contracted, if not at place of death? Former or usual residence

12 PLACE OF BURIAL OR REINTERMENT Jones Graveyard DATE OF BURIAL Nov 4, 1916

UNDERTAKER James R. Baker ADDRESS Salt Lick

Every item of information should be ascertained EARLY. Physicians should state CAUSE OF DEATH in plain, simple terms, so that it may be properly classified. See instructions on back of form.