

D.V.S.—Form 2

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

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.

1 PLACE OF DEATH (Dist. No. 2220)  
County Logan  
District Fredolphin  
or  
Town or City Brochaun

Series No. 93

Division of Vital Statistics

West Virginia State Department of Health

CERTIFICATE OF DEATH

8786  
(For State Reg. use only)

2 FULL NAME Mary Alice Igo

(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 White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) S

6 DATE OF BIRTH Nov. 17 1921  
(Month) (Day) (Year)

7 AGE 1 yrs. 1 mos. 0 ds. or min.?  
IF LESS than 1 day, hrs. min.?

8 OCCUPATION (a) Trade, profession or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Brochaun W. Va.

10 NAME OF FATHER Ernest Igo

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Lillie Turpen

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest Igo  
(Address) Brochaun W. Va.

15 Filled Dec 17 1922 E. Quinn  
REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 17 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mid West Treat 1921  
and that I last saw h. alive on 1921  
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows;

Exact Cause unknown  
Possibly smothered  
(Duration) yrs. 168

CONTRIBUTORY (Secondary) None as known

(Signed) J. M. Reynolds M. D.  
Brochaun 1921 (Address)

NOTE: State the DISEASE CAUSING DEATH. In deaths from VIOLENT CAUSES, State MANNER OF INJURY and 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 residence

19 PLACE OF BURIAL OR REMOVAL Harmer's Ky DATE OF BURIAL 1922

20 UNDERTAKER  
ADDRESS