

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Bath Co
Vol. No. 5706
Loc. Town West Farmers
City (No. St. Ward)

File No. 2789
Registered No. 5
(If death occurred in a hospital or institution, give in NAME INSTEAD of street and number.)

FULL NAME Ann's Belva Ferguson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIOLOGY 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.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR SEPARATED (Print the word) Single

DATE OF BIRTH August 11, 1905
(Month) (Day) (Year)

AGE 5 yrs. 6 mos. 5 ds. If LESS than 1 day ... hrs. or ... min.

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

BIRTHPLACE (State or country) Bowman

10 NAME OF FATHER Wm Grant Ferguson

11 BIRTHPLACE OF FATHER (State or country) Bowman Co, Ky

12 MAIDEN NAME OF MOTHER Waller's Lewis

13 BIRTHPLACE OF MOTHER (State or country) In Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Grant Ferguson
(Address) Farmers, Ky

15 Filed 2/20, 1911 J. H. Burch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2/16/1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2/14/1911 to 2/16/1911, that I last saw her alive on 2/14/1911, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Diphtheria

(Duration) 7 yrs. 7 mos. 6 ds.

Contributory None
(Duration) (yr.) (mos.) (ds.)

(Signed) Wm. A. ... M. D.
2/16/1911 (Address) Farmers, Ky

*State the DISEASE CAUSING DEATH or its results 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. State ... yrs. ... mos. ... ds.

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

19 PLACE OF BURIAL OR REMOVAL Jones
DATE OF BURIAL 2/17/1911

20 UNDERTAKER J. H. Burch ADDRESS Farmers, Ky