

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Harrison

Vet. Pat. H. 2

Inn. Town Farmers

CITY (No. St. Ward)

Registration District No. 2492

Primary Registration Dist. No. 2492

File No. 17003

Registered No. 12

(If death occurred in a hospital or institution, give the number of street and corner.)

FULL NAME Lanora Ingram

PERSONAL AND STATISTICAL PARTICULARS

SEX Girl COLOR OR RACE White MARRIED, WIDOWED, OR DIVORCED Single

DATE OF BIRTH May 10, 1911

AGE 2 yrs. 2 mos. 28 ds. If LESS than 1 day ... hrs. or ... min. ?

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

BIRTHPLACE (State or country) Bath Co.

NAME OF FATHER Willie B. Ingram

BIRTHPLACE OF FATHER (State or country) Bath Co.

MAIDEN NAME OF MOTHER Hollie G. Lewis

BIRTHPLACE OF MOTHER (State or country) Morgan Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. H. Ingram (Address) Farmers

FILED June 1, 1913 Maudie Myers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7, 1913

I HEREBY CERTIFY, That I attended deceased from March 1913, to June 7, 1913, that I last saw her alive on June 7, 1913, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH* was as follows:

Enteritis (Duration) 2 mos. 6 ds.

Contributory (Duration) 7 mos. 6 ds.

(Signed) D. H. ... M. D. June 6, 1913 (Address) Farmers

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, YEARS) (a) RECENT RESIDENTS (b) PLACE OF DEATH (c) STATE (d) WHERE DISEASE CONTRACTED, (if not at place of death) (e) FORMER OR MORAL RESIDENCE

PLACE OF BURIAL OR REMOVAL James Cemetery DATE OF BURIAL 6-8-1913

UNDERTAKER A. L. ... ADDRESS Farmers

WRITE PLAINLY, WITH NEATNESS. THIS IS A PERMANENT RECORD. Every item of information should be correctly entered. AGE should be stated in FULL. FURNISHMENTS should show GEAR OF DEATH by plain ... so that it may be properly classified. If ... of ...