

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

1 PLACE OF DEATH  
County Rowan  
Vol. Farmers Registration District No. 7492  
Inc. Town Farmers Primary Registration District No. 2506  
City (No. ) (Ward) 1  
2 FULL NAME Evelaine Ingram

File No. \_\_\_\_\_  
Registered No. 15  
[Initials] 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 Widowed  
(Write the word!)

6 DATE OF BIRTH November 1  
(Month) (Day) (Year)

7 AGE About 70 IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Bath Ct.

10 NAME OF FATHER Wash Teul

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Nida Ingram

13 BIRTHPLACE OF MOTHER (State or country) Ky.

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

15 Filed 7-6-1918 Maudie Myers  
REGISTERED

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 5, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to July 5, 1918, that I last saw her alive on July 1, 1918, and that death occurred on the date stated above at 11:30 a.m. The CAUSE OF DEATH\* was as follows:

Chronic Rheumatism  
(Duration) 6 yrs. ... mos. ... ds.

Contributory Broken Hip - Fracture  
(Duration) 10 yrs. ... mos. ... ds.

(Signed) P. H. Ingram, M. D.  
July 6, 1918. (Address) Farmers

\*Under the heading CAUSE OF DEATH, or, in deaths from VIOLENT CAUSES give (1) WEAPON or INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

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 \_\_\_\_\_

18 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL July 6, 1918

UNDERTAKER Ms. J. N. Vaughn ADDRESS Salt Lick

MARCH RESERVED FOR MEDICAL  
WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD

B. B.--Every item of information 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. See instructions on back of certificate.