Form V. S. 1-4

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FILE NO. 116 51 15060

REGISTRAR'S NO. 42

Registration District No. 1310 Primary Registration District No. [redacted] 8141

1. PLACE OF DEATH
a. COUNTY: ROWAN
b. CITY OR TOWN: FARMERS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: KY
b. COUNTY: ROWAN
c. CITY OR TOWN: FARMERS
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): WILLIAM
c. (Last): INGRAM

4. DATE OF DEATH (Month) (Day) (Year): JULY 3 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 24 1872
9. AGE (In years last birthday): 79
If Under Month: 2
If Under Year: 9
If Under Month: 11 Day Wk.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: GEORGE INGRAM
14. MOTHER'S MAIDEN NAME: EVELIAN TEAL

15. WAS DECEASED (Yes, no, or unknown) EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MORA INGRAM

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X-070-16
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

22a. DATE SIGNED: [illegible]
22b. ADDRESS: Farmers
22c. SIGNATURE (Degree or title): [illegible]

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JULY 5-1951
23c. NAME OF CEMETERY OR CREMATORY: JONES CEM.
23d. LOCATION (City, town, or county) (State): SALT-LICK-BATH, KY

23e. DATE REC'D BY LOCAL REG.: July 4, 51
23f. REGISTRAR'S SIGNATURE: Maude Clay
24. FUNERAL DIRECTOR: HORSEMAN & POWELL
ADDRESS: SALT-LICK