

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICSREGISTRAR'S NO. *133*Registration District No. *10170*Primary Registration District No. *2426-*

## 1. PLACE OF DEATH

a. COUNTY *MONTGOMERY*  
b. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN *MT. STERLING*  
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) *Mary Childs 01*

## 2. USUAL RESIDENCE

a. STATE *Ky.*  
b. COUNTY *ROWAN*  
c. CITY OR TOWN *FARMERS, Ky.*  
d. STREET ADDRESS  
IS RESIDENCE ON A FARM? YES  NO   
IS RESIDENCE INSIDE CITY LIMITS? YES  NO 

## 3. NAME OF DECEASED

a. (First) *NORA* b. (Middle) *INGRAM* c. (Last)

## 4. DATE OF DEATH

(Month) (Day) (Year) *9-16-1961*

## 5. SEX

*F.*

## 6. COLOR OR RACE

*W.*

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Indicate)

*NEVER MARRIED*

## 8. DATE OF BIRTH

*3-27-1894*

## 9. AGE (In years last birthday)

*67*If Under 1 Year If Under 24 Hrs.  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*COOK*

## 10b. KIND OF BUSINESS OR INDUSTRY

*SCHOOL CARE*

## 11. BIRTHPLACE (State or foreign country)

*BATH Co., Ky.*

## 12. CITIZEN OF WHAT COUNTRY?

*U. S. A.*

## 13. FATHER'S NAME

*DAVID HILBERT*

## 14. MOTHER'S MAIDEN NAME

*ANN NIXON*

## 15. WAS DECEASED (Yes, no, or unknown)

*no*

## EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

*MARGARET BOOTH*

## 18. CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) *Acute Coronary Occlusion*Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) *Hypertensive Cardiovascular Disease*

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

## INTERVAL BETWEEN ONSET AND DEATH

*6 hours**years*

MEDICAL CERTIFICATION

## 20. ACCIDENT

## SUICIDE

## HOMICIDE

## 21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

## 21b. TIME OF INJURY

Hour a. m. p. m. Month, Day, Year

## 21c. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK  WHILE AT WORK 

## 21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

## 21e. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

22. I hereby certify that I attended the deceased from *6:30*, *1960* to *9-16*, *1961*, that I last saw the deceased alive on *9-15*, *1961* and that death occurred at *9:00* p. m., from the causes and on the date stated above.

## 23a. DATE SIGNED

*9-17-61*

## 23b. ADDRESS

*Owensville Kentucky*

## 23c. SIGNATURE

*Edwin R. Davis*

## (Degree or title)

*M.D.*

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

*9-18-61*

## 24b. DATE

*JONES*

## 24c. NAME OF CEMETERY OR CREMATORY

*BATH Co. Ky.*

## 24d. LOCATION (City, town, or county) (State)

## 25a. DATE REC'D BY LOCAL REG.

*10-8-61*

## 25b. REGISTRAR'S SIGNATURE

*Bertie P. Dally*

## 26. FUNERAL DIRECTOR

*M. Lane Moulhead, Ky.*

## ADDRESS