

Commonwealth of Kentucky
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15525

PLACE OF DEATH
County Ross
Vol. No. 2
Inc. Town Lawrence
City (No. St. Ward)

Registration District No. 7492
Primary Registration District No. 2506

File No.
Registered No. 10
(If death occurred in a hospital or institution give its NAME (number of street and number.)

FULL NAME Rutha Fay Ingram

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female
2 COLOR OR RACE white
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

4 DATE OF BIRTH Apr. 22 1916
(Month) (Day) (Year)

5 AGE 1 yrs. 2 mos. 2 wks.
IF LESS than 1 day ... hrs. or ... min.?

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

7 BIRTHPLACE (State or country) Lawrence Ky.

8 NAME OF FATHER Joe W. Ingram

9 BIRTHPLACE OF FATHER (State or country) Bath Co. Ky.

10 MAIDEN NAME OF MOTHER Anna Gilbert

11 BIRTHPLACE OF MOTHER (State or country) Bath Co. Ky.

12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joe W. Ingram
(Address) Lawrence Ky.

13 PLACE OF BURIAL OR REMOVAL Graves Cemetery
UNDERTAKER Mrs. Geneva Bell
FILED 5-15-17 Maude Myers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH May 14 1917
(Month) (Day) (Year)

15 I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1917, to May 14, 1917, that I last saw her alive on May 14, 1917, and that death occurred on the date stated above at 5:30 p.m. The CAUSE OF DEATH* was as follows:
Tuberculous
tuberculous
(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) work
(Duration) ... yrs. ... mos. ... ds.

(Signed) F. M. Easton, M. D.
Lawrence, 1917. (Address) Lawrence

*State the Disease Causing Death, or, in deaths from Violence CAUSE and (1) MEANS OF INJURY and (2) WHETHER ACCIDENTAL, SUICIDAL or HOMICIDAL
16 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

17 PLACE OF BURIAL OR REMOVAL Graves Cemetery
DATE OF BURIAL 5-15, 1917
UNDERTAKER Mrs. Geneva Bell
Address Bell

WRITE PLAINLY, WITH NEARLY STRAIGHT LINES IN A PERMANENT INK
1. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in simple terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.