MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

R. B.—Every item of information should be carefully supplied. AGE 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.

FORM V. S. 1-500M 8-25-11

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13565

File No. ....

Registered No. X 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

County Rowan

Vol. Pct. Farmers

Reg. District No. 7492

Inc. Town ....

Primary Registration District No. 7492 i

City .... (No. .... St., ... Ward)

2 FULL NAME Boyd Russell Ingram

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: boy | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct. 3, 1905 (Month) (Day) (Year)

7 AGE: 15 yrs. 8 mos. 17 ds. | IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): Rowan Co. Ky

PARENTS

10 NAME OF FATHER: Wall J. Ingram

11 BIRTHPLACE OF FATHER (State or country): Rowan Co. Ky

12 MAIDEN NAME OF MOTHER: Flora Smith

13 BIRTHPLACE OF MOTHER (State or country): Morgan Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. L. Ingram

(Address) Farmers Ky.

15 Filed June 24 1921 Parmelia Rogers Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 21, 1921 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1921, to June 20, 1921, that I last saw h[illegible] alive on June 20, 1921, and that death occurred on the date stated above at 9, 2 PM. The CAUSE OF DEATH* was as follows:

Amoebic Dysentary

(Duration) .... yrs. .... mos. 11 ds.

Contributory (SECONDARY) ....

(Duration) .... yrs. .... mos. .... ds.

(Signed) W. Thos. Ingram, M. D.

June 21, 1921 (Address) Farmers Ky.

*State the DISEASE CAUSING DEATH, or, in deaths FROM VIOLENT CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 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 ....

19 PLACE OF BURIAL OR REMOVAL: Jones Cemetery

DATE OF BURIAL: June 22, 1921

UNDERTAKER: Mrs. J. M. Vaughan

ADDRESS: Salt Lick Ky.