

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Rowan  
Vol. Pat. # 2 Farmers  
Inc. Town Farmers  
City (No. St. Ward)

R. D # 7452

File No. 5460

Registered No. 6  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Still Born

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

DATE OF BIRTH Feb. 6th 1912  
(Month) (Day) (Year)

AGE — yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (State or country) Rowan Co

10 NAME OF FATHER C. D. Ingram

11 BIRTHPLACE OF FATHER (State or country) Rowan Co

12 MAIDEN NAME OF MOTHER Lillie M. Swain

13 BIRTHPLACE OF MOTHER (State or country) Rowan Co

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

15 Filed Feb. 7, 1912 H. D. Myers  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 6th 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from at birth, 1912, that I last saw him alive on —, 1912, and that death occurred, on the date stated above, at 6:15 a.m.

The CAUSE OF DEATH was as follows:  
Heart Disease  
Small Pox

Contributory City Large  
(Duration) yrs. mos. ds.  
Small Pox M. D.  
Feb. 6th 1912 (Address) Farmers

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MANNER 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 James Cemetery DATE OF BURIAL Feb. 6, 1912

20 UNDERTAKER Jake Mansfield ADDRESS Bethesda Ky

MARGIN RESERVED FOR SENDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

H. 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.