

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 B. N.—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.

Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		16161
CERTIFICATE OF DEATH		
1 PLACE OF DEATH County <u>Rowan</u>		File No. _____
Vol. Pct. <u>Lammers</u>		Registered No. <u>9</u>
2 INDO. TOWN <u>Lammers</u>		3 If death occurred in a hospital or institution, give the NAME (street and number.)
City <u>Lammers</u>		
Registration District No. <u>1311</u>		
Primary Registration District No. <u>2335-</u>		
No. _____ St. _____ Ward _____		
4 FULL NAME <u>Bessie Igo</u>		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
5 SEX <u>Female</u>	6 COLOR OR RACE <u>White</u>	7 DATE OF DEATH <u>June 17, 1928</u>
8 MARRIAGE STATUS <u>Single</u>		9 I HEREBY CERTIFY, That I attended deceased from <u>9-1</u> , 19 <u>28</u> , to <u>June</u> , 19 <u>28</u> , that I last saw h... alive on _____, 19 <u>28</u> , and that death occurred on the date stated above at <u>5 P. M.</u> The CAUSE OF DEATH was as follows:
10 DATE OF BIRTH <u>April 6, 1912</u>		
11 AGE <u>16 yrs. 2 mos. 1 da.</u>		<u>Tuberculosis Thoracica</u>
12 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____		Duration <u>3</u> yrs. _____ mos. _____ da.
13 BIRTHPLACE (State or country) <u>Rowan</u>		Contributory _____
14 PARENTS		Signed <u>D. H. ...</u> , M. D.
15 NAME OF FATHER <u>Wm. Igo</u>	16 BIRTHPLACE OF FATHER (State or country) <u>Menfeg Co.</u>	<u>June 16, 1928</u> (Address) <u>Rowan Co.</u>
17 MAIDEN NAME OF MOTHER <u>Julia Wages</u>	18 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>	*Mark (1) whether CAUSING DEATH, or, to death from VIOLENT CAUSE (such as MEANS OF INJURY); and (2) whether ACCIDENTAL, HOMICIDAL or SUICIDAL.
19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
(Informant) <u>Lee Roe Igo</u>		At place of death _____ yrs. _____ mos. _____ da. State _____ yrs. _____ mos. _____ da.
(Address) <u>Rowan Ky.</u>		Where was disease contracted, if not at place of death? _____
20 FILED <u>June 23 1928</u> <u>Miss T. A. E. ...</u> REGISTRAR		Former or usual residence _____
		21 PLACE OF BURIAL OR REMOVAL <u>James Cem</u>
		DATE OF BURIAL <u>June 18, 1928</u>
		ADDRESS <u>Walker Lawrence ...</u>