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

MARGIN RESERVED FOR BINDING

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No.
Registrar's No. 5 2358

Registration District No. 1310
Primary Registration District No. 8149

1. PLACE OF DEATH:
(a) County Rowan
(b) City or town Farmers Ky.
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky.
(b) County Rowan
(c) City or town Farmers
(If outside city or town limits write RURAL)
(d) Street No.
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Clifford D. Ingram
3(b) If veteran, Name war
3(c) Social Security No. 4?14-2493

4. Sex Male
5. Color or race W
6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife Lillia Ingram
6(c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 20 1879 (Month) (Day) (Year)
8. AGE: Years 62 Months 8 Days 15 If less than one day hr. min.
9. Birthplace Rowan Co. Ky.
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name George Ingram
13. Birthplace Bath Co. Ky.

MOTHER
14. Maiden name Emaline Teal
15. Birthplace Bath Co. Ky.

16(a) Informant's own signature Lillia Ingram
(b) Address Farmers Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place Jones Cem. Date 1-5-42

18(a) Signature of funeral director Walker Horseman
(b) Address Salt Lick, Ky.

19(a) 1-5-42 (Date received by local registrar)
(b) Va. Morrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4th 1942

21. I hereby certify that I attended the deceased from 1/4, 1942 to 1/4/4 1942 that I last saw h alive on 1942 and that death occurred on the date stated above at 7:30 P. M.

Immediate cause of death Cerebral Hemorrhage | DURATION

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(d) Means of injury

23. Signature A W Adkins (M. D. or other)
Address Morehead Ky. Date signed 1/5/42