

1 PLACE OF DEATH  
County Barton  
City Hammertown (No. 1311 St. 2636 Ward) (If death occurred in a hospital or institution, give the NAME, location of street and number)  
Reg. No. 6-230  
Primary Registration District No. 2636

2 FULL NAME Helen Kay Ingram  
(a) Residence No.          St.          Ward.           
(Usual place of abode) (If apartment, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)  
New born in U. S. (If of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX Female 4 COLOR OR RACE White 5 MARRIAGE STATUS Single  
(a) if married, widowed, or divorced HUSBAND of (or) WIFE of  
6 DATE OF BIRTH June 10, 1892  
(Month) (Day) (Year)  
7 AGE 5 yrs. 9 mos. 5 ds. (If less than 1 day.....hrs. or.....min?)  
8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work           
(b) General nature of industry, business or establishment in which employed (or employer)         

9 BIRTHPLACE (city or town) (State or country) Hammertown Ky  
10 NAME OF FATHER P. H. Ingram  
11 BIRTHPLACE OF FATHER (city or town) (State or country) Hammertown Ky  
12 MAIDEN NAME OF MOTHER Hally Swain  
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hammertown Ky  
14 (Informant) C. D. Ingram  
(Address)         

MEDICAL CERTIFICATE OF DEATH  
15 DATE OF DEATH March 16, 1932  
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from          19         to          19         that I last saw him alive on          19         and that death occurred on the date stated above at 6 P. M. The CAUSE OF DEATH\* was as follows:  
Measles 107  
196 107  
(Duration) yrs. mos. ds.  
Contributory Bronch. Pneumonia  
(Secondary) (Duration) yrs. mos. ds.

17 WHERE WAS DISEASE CONTRACTED  
If not at place of death?           
18 Did an operation precede death? Date of           
Was there an autopsy?           
19 What test confirmed diagnosis?  
(Signed) Edwards Williams, M. D.  
March 15, 1932 (Address) Hammertown Ky

20 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
                  March 17, 1932  
21 UNDERTAKER Barton Home & Supt. Co.  
ADDRESS         

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
M. D.—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.

DEATHS REGISTERED FOR 1932

Filed March 16 1932 Mrs. T. P. Ingram Registrar