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Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Bath

Vol. No. 102

Registration District No. 7492-2

File No. 5

Inc. Town F

Primary Registration District No. 2106

Registered No. 5

City

(No. 1)

St. Ward

Ward

2 FULL NAME Arday Catherine Igo

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED OR DIVORCED Single

4 DATE OF BIRTH March 10 1919

7 AGE 2 yrs. 11 mos. 4 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work None (b) General nature of industry business or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Blair Igo

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Ethel Perry

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. A. W. McCreese (Address) Farmers, Ky

15 PLACE OF BURIAL OR REMOVAL Funeral Home

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 23 1921

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1921, to same date, that I last saw her alive on Feb. 23, 1921, and that death occurred on the date stated above at 4:30 p.m. The CAUSE OF DEATH* was as follows:

Burns. Fire caught in clothing from stove (Duration) 5 hours

Contributory (Duration) 5 hours

(Signed) Allen W. McCreese, M.D. 2/24/21 (Address) Farmers, Ky.

*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 yr. ... mos. ... ds. In the State yr. ... mos. ... ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Funeral Home DATE OF BURIAL Feb 24 1921

UNDERTAKER Mr. J. M. Taylor ADDRESS Salt Lick

WRITE PLAINLY. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S OPINION is very important. See instructions on back of certificate. Exact statement of OCCASION.

MARGIN RESERVED FOR INDEXING