

COMMONWEALTH OF KENTUCKY

State File No. 72
Register's No. 72

Form T. R. 1-4
DEPARTMENT OF COMMERCE
Bureau of the Census

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1210 Primary Registration District No. 8149

1. PLACE OF DEATH:

(a) County Rowan

(b) City or town Rural
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution Home
(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 Rural
(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 Cliff Igo

3(b) If widow, no (b) Social Security No.

4. Sex male (b) Color or race white (c) Single, widowed, married, divorced married

5(a) Name of husband or wife Ethel Igo

5(b) Age of husband or wife if alive 49 years

7. Birth date of deceased March 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days
If less than one day write hr. min.

9. Birthplace Kentucky

10. Usual occupation Farmer

11. Industry or business

12. Name Dan Igo

13. Birthplace Ky

14. Maiden name

15. Birthplace

20. DATE OF DEATH Dec. 9, 1946

21. I hereby certify that I attended the deceased from to that I last saw him alive on and that death occurred on the date stated above at M.

Immediate cause of death Gunshot wound in the heart DURATION

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

16(a) Informant's own signature Jetta Igo

(b) Address Harrods, Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Jones Cemetery, Boyle Co., Ky

18(a) Signature of funeral director

(b) Address Morehead, Ky

19(a) Registrar's signature

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide type? Murder

(b) Date of occurrence December 8, 1946

(c) Where did injury occur at home
(Specify type of place)

While at work (a) Cause of injury Shot

23. Signature J. L. Brown Registrar of Health

Address Morehead, Ky Date signed

M. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every name of informant 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.