

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25469

## 1 PLACE OF DEATH

County HarrisonVot. Pot. Flamers

Inc. Town

City

Registration District No. 1311Primary Registration District No. 7335

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

2 FULL NAME Norma Ferguson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word) Single6 DATE OF BIRTH about (Month) (Day) (Year) about7 AGE about yrs. mos. ds. IF LESS than 1 day or more than 1 mo. or more than 1 yr.8 OCCUPATION (a) Trade, profession or particular kind of work Housekeeper (b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Bath Co10 NAME OF FATHER Geo Ferguson11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER DK13 BIRTHPLACE OF MOTHER (State or country) DK

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jolene Myers (Address) Salt Lick Ky15 Filed 10-12-1925 1925-Mobile Sh

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10/11 1925 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 1925, to 10/10 1925, that I last saw her alive on Aug 17 1925, and that death occurred on the date stated above at 12 a.m.The CAUSE OF DEATH\* was as follows: Arterio Sclerosis of the heart & coronary arteries (Duration) yrs. 10 mos. 11 ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) J. C. Alexander M. D. 1925 (Address) Salt Lick

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted,

if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER Home ADDRESS Home

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

MARGER RESERVED FOR REVISIONS