

Commonwealth of Kentucky
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7797

1 PLACE OF DEATH
County Rowan
Vol. No. Farmer 02 Registration District 1311
Twp. Farmer Primary Registration District No. 2806

2 FULL NAME Jane Ford

3 SEX Female 4 COLOR OR RACE White 5 HAIR Wavy
6 DATE OF BIRTH 11 17 1858

7 TRADE, PROFESSION, OR BUSINESS
Home Wife

8 PLACE OF DEATH
Rowan Co.

9 NAME OF PHYSICIAN
J. B. Cassidy Sr.

10 SIGNATURE OF PHYSICIAN
Hortensy

11 SIGNATURE OF DECEASED
Leary Edington

12 SIGNATURE OF WITNESS
Bethel

13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant J. B. Cassidy
Address Farmer 02

14 DATE OF DEATH March 17 1924

15 MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, That I attended deceased from _____ 191__ to _____ 191__ and that death occurred on the date stated above at _____ P. M. The CAUSE OF DEATH was as follows:
Cardiac Asma

16 PLACE OF BURIAL OR REMOVAL
Jones Chapel DATE OF BURIAL March 18 1924
Mrs. Vaughn Salt Lick Ky

NOTE: PLACES, WITH UNIFORMS, THIS IS A PRELIMINARY RECORD. INFORMATION SHOULD BE CORRECTED AS SOON AS POSSIBLE. THIS RECORD IS NOT TO BE USED AS A BASIS FOR ANY OTHER RECORD.

2. If death occurred in hospital, institution, or other place, the name of such place should be given.

3. If death occurred in a private residence, the name of such residence should be given.

4. If death occurred in a public place, the name of such place should be given.

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