

STATE OF OHIO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

PLACE OF DEATH.

County of BUTLER

Township of

Village of

City of MIDDLETOWNRegistration District No. 15Primary Registration District No. 105(No. Flick St.,File No. 85786Registered No. 467

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

* FULL NAME Virgil Igo

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED single
 (Write the word)
6 DATE OF BIRTH April 12th, 1918
 (Month) (Day) (Year)7 AGE 8 yrs. 19 mos. 19 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) 1049 BIRTHPLACE (State or country) Middletown Ohio

PARENTS

10 NAME OF FATHER Eli Igo11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER Mary Staton13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eli Igo(Address) Middletown Ohio16 Filed Dec 20 1918 J. D. Higgins Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 20, 1918
 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1918, to Dec 20, 1918, that I last saw him alive on Dec 19, 1918, and that death occurred, on the date stated above, at 36 m. The CAUSE OF DEATH* was as follows:
Gastro-enteritisContributory (SECONDARY) Indigestion
 (Duration).....yrs.....mos. 10 ds.
 (Signed) E. J. ..., M. D.
Dec 20, 1918 (Address) Middletown Ohio

*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 Salt Lick Ky DATE OF BURIAL Dec 22 191820 UNDERTAKER J. D. Riggs ADDRESS Middletown Ohio
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.
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