

1. PLACE OF DEATH

County Rowan

Village, Post Office, or Precinct Farmersville

City

Registration District No. 1311

Primary Registration District No. 2506

File No.

Registered No. 4

2. FULL NAME (If death reported in a hospital or institution, give the NAME instead of street and number)

Minnie Ingram

3. SEX (Classify as male or female)

Female

4. RACE (Classify as white or colored)

White

5. MARRIAGE STATUS (Classify as single, married, widowed, divorced, or separated)

Married

6. DATE OF BIRTH (Give day, month, and year)

April 19, 1886

7. AGE (Give years, months, and days)

47 10 22

8. OCCUPATION (Give occupation, trade, or profession)

Housewife

9. PLACE OF BIRTH (Give county and state)

Rowan County, Ky.

10. NAME OF FATHER (Give name)

George Ingram

11. BIRTHPLACE OF FATHER (Give county and state)

Kentucky

12. NAME OF MOTHER (Give name)

Fantine Seal

13. BIRTHPLACE OF MOTHER (Give county and state)

Kentucky

14. NAME OF DECEASED (Give name)

Richard Ingram

15. BIRTHPLACE OF DECEASED (Give county and state)

Farmers, Ky.

16. DATE OF DEATH (Give day, month, and year)

March 7, 1933

17. NAME OF PHYSICIAN (Give name)

Barney T. Hazeman

18. BIRTHPLACE OF PHYSICIAN (Give county and state)

Sal, Meigs, Ky.

19. TIME OF DEATH (Give hour and minutes)

March 8, 1933

20. PLACE OF DEATH (Give name)

At Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 7, 1933

22. HENRY CENTURY, That I attended deceased for

24 hours on March 7, 1933

and saw him die on March 7, 1933

at 7:15 P.M.

The principal cause of death and related causes of importance

in order of their occurrence are:

Double lobe pneumonia

Heart

3578

Contributory causes of importance and related to

principal cause:

hypertension

3578

1. 4. 5.

Name of operation

Date of

What was medical diagnosis? What were the symptoms?

23. If death was due to external cause (whether or not the

following: Accident, suicide, or homicide) on date of injury

24. Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in

public place.

25. Nature of injury

26. Nature of injury

27. Was disease or injury in any way related to occupation of

deceased?

28. Name of physician

29. Name of physician

30. Name of physician

MARGIN RESERVED FOR BINDING

NOTE: WRITE PLAINLY, WITH INK. DO NOT USE PENCIL. THIS IS A PERMANENT RECORD. Entries made in ink should be carefully compared. All entries should be checked EXACTLY. PHYSICIANS should enter CAUSE OF DEATH in detail terms, so that it can be properly classified. Complete statement of OCCUPATION is very important. See heading: Cause of death of certificate.