

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census**DELAY**

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No.

8670

Registrar's No.

71

Registration District No.

1085

Primary Registration District No.

7421

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Rural
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(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 Muhlenberg
(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.? _____ year

3(a) FULL NAME Inogene Lina Ellison

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex F5. Color or race W6(a) Single, widowed, married, divorced married6(b) Name of husband or wife Raymond Ellison6(c) Age of husband or wife if alive 37 Years7. Birth date of deceased Dec. 2 1935
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
12 2 24 hr. _____ min.9. Birthplace Nonneth, Ky10. Usual occupation House wife

11. Industry or business _____

FATHER { 12. Name Harrison Lina13. Birthplace Butler CountyMOTHER { 14. Maiden name Lina Masters15. Birthplace Muhlenberg County16(a) Informant's own signature Lathinon Lina(b) Address Dunbar Kentucky

17. BURIAL, CREMATION, OR REMOVAL

Place Deer Creek Cemetery Date Apr. 5, 194818(a) Signature of funeral director Parson-Harding-Walker(b) Address Beach Creek, Ky.19(a) 4-7-48
(Date received by local registrar)(b) Marjorie Hodge
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 March 27 194821. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____, that I last saw him alive on
_____ 19____, and that death occurred on the date
stated above at _____ M.Immediate cause of death Strangulation DURATION

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 168

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Homicide(b) Date of occurrence 7 (over)(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? Farm
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature April C. Ross, RegistrarAddress Summitville Date signed 4/2/48