

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19280

1 PLACE OF DEATH

County Muhlenberg

Vol. East Boggs 12 Registration District No. 171

Ino. Town Primary Registration District No. 7132

City (No. St., Ward)

2 FULL NAME Daniel D. Ferrigan

File No.

Registered No. 57

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Oct. 30, 1847
(Month) (Day) (Year)

7 AGE 66 yrs. 8 mos. 27 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. Farming
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg County, Ky

10 NAME OF FATHER Henry Ferrigan

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Caroline Lucas

13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. Ferrigan
(Address) Greenville, Ky.

15 Filed July 29, 1914 W. H. Grasshiser
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 27, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1914, to July 27, 1914, that I last saw him alive on July 27, 1914, and that death occurred on the date stated above at 4:30 p.m. The CAUSE OF DEATH* was as follows:

Internal injuries due to accident
(Duration) ... yrs. ... mos. ... ds.

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

(Signed) G. H. Grace, M. D.
July 29, 1914 (Address) Greenville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN-SIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Ferrigan's Chapel DATE OF BURIAL July 28, 1914

20 UNDERTAKER McDonald & Dewitt ADDRESS Greenville, Ky.

NOTE: PLAINLY, WITH UNFADING INK—THIS IS A VITAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in full terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.