

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

Wilson 12114

1 PLACE OF DEATH

County

Middlesburg
Chiggers

Vol. Pat.

Registration District No.

871

Ino. Town

Primary Registration District No.

7132

City

(No.

St.,

Ward)

2 FULL NAME

Forest Fenigan

File No.

Registered No.

[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
(Write the word)

Single

6 DATE OF BIRTH

July 23, 1905

(Month) (Day) (Year)

7 AGE

16 yrs. 9 mos. 14 ds.

1F LESS than
1 day... hrs.
or... min.?

8 OCCUPATION

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

Farmer

9 BIRTHPLACE
(State or country)

Middlesburg Co. Ky.

10 NAME OF
FATHER

Frank Fenigan

11 BIRTHPLACE
OF FATHER
(State or country)

Middlesburg

12 MAIDEN NAME
OF MOTHER

Hannie May Williams

13 BIRTHPLACE
OF MOTHER
(State or country)

Middlesburg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Rabia Kinnaman
Fremont, Ky.

15

Filed

578, 1922

C. Wickliffe
Middlesburg

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 7, 1922

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from....., 191....., to....., 191.....,
that I last saw h.... alive on....., 191.....,
and that death occurred on the date stated above
at 3 P.M. The CAUSE OF DEATH* was as follows:Accidental drowning while
bathing in pond.Contributory.....
(SECONDARY)..... (Duration)..... yrs..... mos..... ds.

(Signed) Claude Wilson, M. D.

577, 1922 (Address) Greenfield

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

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

Fenigan's Chapel

DATE OF BURIAL

578, 1922

20 UNDERTAKER

C. Wickliffe

ADDRESS

Greenfield, Ky.

WRITE PLAINLY. WITH UNFADING INK--THIS IS A PERMANENT RECORD

U. S.—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. See instructions on back of certificate.

MARGIN RESERVED FOR INDEXING