

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 11158

Registered No. 8

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

1 PLACE OF DEATH

County Anderson

Vet. Pct. Central City

Inc. Town Central City

City Central City

Registration District No. 1087

Primary Registration District No. 2435



St., Ward)

2 FULL NAME Frank J. Ingle

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 Single Married Widowed or Divorced
(Write the word) Married
6 DATE OF BIRTH Nov 19 1899
(Month) (Day) (Year)
7 AGE 26 yrs. 3 mos. 18 ds.
IF LESS than 1 day hrs. or min?
8 OCCUPATION
(a) Trade, profession or particular kind of work Miner
(b) General nature of industry, business or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 9th 1926
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from 3/9/1926 to 192....., that I last saw h..... alive on 192....., and that death occurred on the date stated above at.....m.
The CAUSE OF DEATH* was as follows:
Mine Accident
(Duration) yrs..... mos..... ds.

9 BIRTHPLACE (State or country) Illinois
10 NAME OF FATHER W. W. Ingle
11 BIRTHPLACE OF FATHER (State or country) Illinois
12 MAIDEN NAME OF MOTHER Marie Ingle
13 BIRTHPLACE OF MOTHER (State or country) Illinois

Contributory (Secondary)
(Signed) B. G. Craycraft, M. D.
3/10/1926 (Address) Central City
*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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Betty Ingle
(Address) Central City

19 PLACE OF BURIAL OR REMOVAL Central City DATE OF BURIAL 3/12/1926
20 UNDERTAKER W. Anderson ADDRESS Central City

15 Filed 3/15 1926 - A. L. Blauvelt Registrar

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. See instructions on back of certificate.