

COMMONWEALTH OF KENTUCKY
 State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6959

File No.

Registered No. 97

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

1 PLACE OF DEATH
 County Madison
 Vol. Pct. Berrier Ky
 Inc. Town 15-
 City

Registration District No. 1094
 Primary Registration District No. 6840

(No. St. Ward)

2 FULL NAME Dorthy Nell Inman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR OR RACE** White **5 Single Married Widowed or Divorced (Write the word)** Single

6 DATE OF BIRTH March 22 1926
 (Month) (Day) (Year)

7 AGE 11 yrs. 8 mos. 8 ds.
 IF LESS than 1 day hrs. or min?

8 OCCUPATION
 (a) Trade, profession or particular kind of work. None
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER John Inman

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Fannie Huber

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Inman
 (Address) Berrier Ky

15 Filed Mar 30, 1927 Fannie Thomas Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 14, 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3/14/1927 to 3/14/1927, that I last saw him alive on 3/14/1927, and that death occurred on the date stated above at 9:00 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 6 ds.

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

(Signed) C. D. Winger, M. D.
3/14/1927 (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

19 PLACE OF BURIAL OR REMOVAL Central City **DATE OF BURIAL** 3/15/1927

20 UNDERTAKER E. J. Anderson **ADDRESS** Central City

WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD
 WHICH 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.