

Registration District No. 1085 Primary Registration District No. 2436

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Greenville  
(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 Muhl.  
(c) City or town Greenville  
(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.? \_\_\_\_\_ years

3(a) FULL NAME Carrie Ingram Morgan

## 3(b) If veteran,

Name war \_\_\_\_\_

## 3(c) Social Security

No. \_\_\_\_\_

4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Jan 6, 1868  
(Month) (Day) (Year)8. AGE: Years 75 Months 9 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Ky

10. Usual occupation \_\_\_\_\_ ✓

11. Industry or business \_\_\_\_\_

FATHER { 12. Name James France Ingram13. Birthplace VirginiaMOTHER { 14. Maiden name Mary Rosalind Tear15. Birthplace Ky16(a) Informant's own signature Wm. K. Morgan(b) Address Greenville, Ky.

## 17. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Oct. 14, 194318(a) Signature of funeral director Greenville Funeral Home(b) Address Greenville, Ky.19(a) 10-14-43 (Date received by local registrar) (b) Jane K. Lovell (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13, 194321. I hereby certify that I attended the deceased from \_\_\_\_\_ 1942  
to Oct 13, 1943, that I last saw him alive on Oct 13, 1943, and that death occurred on the date stated above at 3:40 A. M.Immediate cause of death Cerebral Occlusion DURATION

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 17A

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature E. J. Gata (M. D. or other)Address Greenville, Ky. Date signed 10-18-45

MARGIN RESERVED FOR BINDING

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.