

Ingram, Phillip Wayne 1938 - 1938

Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS 445
CERTIFICATE OF DEATH 5-123 File No. **24153**

1. PLACE OF DEATH
 County Estill
 Vol. South Irvine
 Inc. Town no
 City S. Irvine, Ky. (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Phillip Wayne Ingram
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word)			21. DATE OF DEATH <u>Oct. 14</u> , 19 <u>38</u>	
6. DATE OF BIRTH <u>March 7/1938</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 7</u> , 19 <u>38</u> to <u>Oct. 13</u> , 19 <u>38</u> I last saw him alive on <u>Oct. 13</u> , 19 <u>38</u> , death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day.....hrs. or.....min.					<u>upper respiratory infection</u> <u>and Stites Media</u> Date of onset <u>Oct 13 '38</u>	
8. Trade, profession, or particular kind of work done, as engineer, Sawyer, bookkeeper, etc.					Contributory causes of importance not related to principal cause: <u>Broncho-pneumonia</u> ?	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					<u>89 x 107</u>	
10. Date deceased last worked at this occupation (month and year)					Name of operation _____ Date of _____ What test confirmed diagnosis? <u>ch</u> Was there an autopsy? <u>no</u>	
11. Total time (years) spent in this occupation					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
12. BIRTHPLACE <u>South Irvine, Ky.</u>					Manner of injury _____ Nature of injury _____	
13. NAME <u>Vance Ingram</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
14. BIRTHPLACE <u>Shade, Ky.</u>					(Signed) <u>Virginia Wallace</u> M. D. (Address) <u>Irvine, Ky.</u>	
15. MAIDEN NAME <u>Mary Miller Ingram</u>						
16. BIRTHPLACE <u>Waverlyville, Ky.</u>						
17. INFORMANT <u>B. L. Kirby</u> (Address) <u>South Irvine, Ky.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>S. Irvine</u> Date <u>Oct 15</u> , 19 <u>38</u>						
19. UNDERTAKER <u>Neighbors</u> (Address) <u>South Irvine, Ky.</u>						
20. FILED <u>Oct 15 1938</u> <u>E. B. Riddell</u> Registrar.						

UNPREPARED TO SIGN—THIS IS A PRELIMINARY RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.