

Registrar of Vital Statistics

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

24351

FORM V 8 1-3008 2-29-12

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

1 PLACE OF DEATH
County Monroe

Vot. Pot. NO 17

Ino. Town

City

Registration District No.

Primary Registration District No. 7064

(No. St., Ward)

File No.

Registered No.

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

2 FULL NAME William J. Ferrigno

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH 1870
(Month) (Day) (Year)

7 AGE 53 yrs. - mos. - ds.
IF LESS than 1 day... hrs. or min.?

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

9 BIRTHPLACE (State or country) Monroe Co. Ky

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (State or country) -

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (State or country) -

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) His Boy
(Address) Hestand 79

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 6 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1923, to Aug 6, 1923, that I last saw him alive on July 10, 1923, and that death occurred on the date stated above at - m. The CAUSE OF DEATH* was as follows:

Tuberculosis

Contributory (SECONDARY) to Ferrigno
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. B. Bowman, M. D.
Oct 15, 1923 (Address) Tomlinville

*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 DATE OF BURIAL
Neighbors Aug 7 1923

20 UNDERTAKER ADDRESS

WRITE PLAINLY IN UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--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.

11-3194



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 3rd day of March, 1925 at Frankfort

Barbara F. White

Barbara F. White, State Registrar