

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

PLACE OF DEATH
County Muhlenberg
Vol. No. North Boggs 7
Ins. Town Deary
City (No. 871 St. 7137 Ward) _____
FULL NAME Hattie Belle Baker

File No. 15783
Regist. No. 59
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

WRITE PLAINLY, WITH CAREFUL MEASURE IN A PERMANENT INK

1. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain words, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single
6 DATE OF BIRTH July 21, 1909
7 AGE 2 yrs. 7 mos. 3 ds. If LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).
9 BIRTHPLACE (State or country) Muhlenberg Co. Ky
10 NAME OF FATHER John M. Baker
11 BIRTHPLACE OF FATHER (State or country) Hopkins Co.
12 MAIDEN NAME OF MOTHER Lottie Clements
13 BIRTHPLACE OF MOTHER (State or country) Tenn.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 24, 1912
17 I HEREBY CERTIFY, That I attended deceased from June 1, 1912, to June 23, 1912, that I last saw her alive on June 23, 1912, and that death occurred, on the date stated above, at 12:15 P.M.
The CAUSE OF DEATH* was as follows:
Gangrene poisoning
(Duration) _____ yrs. _____ mos. 23 ds.
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. B. Martin, M. D.
June 24, 1912 (Address) Greenfield

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Baker
(Address) Leuzona

*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 _____

15 JUN 24 1912
Filed _____, 1912 V. H. Graunlin REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Deary Cemetery DATE OF BURIAL June 25, 1912
20 UNDERTAKER Rice, Tucker & Co ADDRESS Deary, Ky