

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

1 PLACE OF DEATH  
County Washington  
Vol. No. 10 1992  
Inc. Town Leysano  
City (No. St. Ward)

File No. 32858  
Registered No. ....  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

3 FULL NAME Walter Baritone

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX ..... 4 COLOR OR RACE ..... 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

10 DATE OF DEATH Dec 20, 1914  
(Month) (Day) (Year)

6 DATE OF BIRTH ..... 1 .....  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1914, to Dec 20, 1914, that I last saw him alive on Dec 14, 1914, and that death occurred, on the date stated above, at 3 m.

7 AGE ..... yrs. .... mos. .... ds. If LESS than 1 day .... hrs. or .... min.?

The CAUSE OF DEATH\* was as follows:  
Pneumonia

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

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

9 BIRTHPLACE (state or country) .....

(Signed) D. B. Stanton, M. D.  
Dec 20, 1914 (Address) Leysano

PARENTS  
10 NAME OF FATHER .....  
11 BIRTHPLACE OF FATHER (State or country) .....  
12 MAIDEN NAME OF MOTHER .....  
13 BIRTHPLACE OF MOTHER (State or country) .....

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.  
(10) 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 .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) ..... (Address) .....

19 PLACE OF BURIAL OR REMOVAL ..... DATE OF BURIAL ..... 1914  
20 UNDERTAKER ..... ADDRESS .....

15 Filed ..... 1914 REGISTRAR

2. Every item of information should be carefully verified. 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.