

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

File No.

Registration District No. 872

Registered No. 31597

Primary Registration District No. 7125

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

(No.) St. Ward
NAME George Baxter

STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. RACE White
2. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

16. DATE OF DEATH Nov 6, 1917
(Month) (Day) (Year)

3. DATE OF BIRTH Sept 15, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1917, to Nov 6, 1917, that I last saw him alive on Oct 20, 1917,

4. IF LESS than 1 day ... hrs. or ... min.?
... yrs. 1 ... mos. 21 ... ds.

and that death occurred on the date stated above at 7:45 P.M. The CAUSE OF DEATH* was as follows:

5. OCCUPATION, or kind of work At home
6. General nature of industry, trade or establishment in which employed (or employer)

Enterocolitis

7. PLACE OF BIRTH (State or country) Drakesboro Ky

(Duration) ... yrs. 1 ... mos. ds.

10. NAME OF FATHER Jim Baxter

Contributory (SECONDARY)

11. BIRTHPLACE OF FATHER (State or country) Pittsburg Ky

(Signed) H. D. Neumann, M.D.
Nov 7, 1917 (Address) Drakesboro Ky

12. MAIDEN NAME OF MOTHER Myrtle Walsh

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

13. BIRTHPLACE OF MOTHER (State or country) Pineville Ky

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

14. ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ... yrs. mos. ds. State ... yrs. mos. ds.

(Informant) Myrtle Baxter

Where was disease contracted, if not at place of death?

(Address) Drakesboro Ky

19. PLACE OF BURIAL OR REMOVAL Haydens B.S. DATE OF BURIAL Nov 7, 1917

15. SIGNATURE OF REGISTRAR J. McKinnon

20. UNDERTAKER W. Bridges & Co ADDRESS Drakesboro Ky

N. B. Death should be reported to the Registrar