

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. encl House
Inc. Town _____
City Central City Ky (No. Broad St., 1st Ward)
2 FULL NAME Thomas Baxter

File No. 18162

Registered No. 38
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

878
2430-

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married
6 DATE OF BIRTH Aug 27, 1829
(Month) (Day) (Year)
7 AGE 82 yrs. 10 mos. 9 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) Muhlenberg County, Ky

PARENTS
10 NAME OF FATHER John Baxter
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky
12 MAIDEN NAME OF MOTHER Rebecca Gray
13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Gray (Daughter)
(Address) Central City Ky

15 Filed July 8, 1912 at Central City Ky
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH July 4, 1912
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from a number of yrs 1912, to July 4th, 1912, that I last saw him alive on July 6th, 1912, and that death occurred, on the date stated above, at 7 p.m. and that death occurred, on the date stated above, at 7 p.m.
The CAUSE OF DEATH* was as follows:
old age
(Duration) 2 yrs. — mos. — ds.

Contributory (SECONDARY) _____
(Signed) J. L. McQuinn, M. D.
Duration _____ yrs. _____ mos. _____ ds.
(Address) Central City Ky

18 STATE OF 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 Mount Zion DATE OF BURIAL July 8, 1912
20 UNDERTAKER Wartie Moore ADDRESS Central City Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

* N. B.—Every item of information should be carefully supplied. AGE should be stated FULLY. 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.