

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

PLACE OF DEATH
County Muhlenberg
Vol. No. # 5
Inc. Town Praterboro
City _____ (No. _____ St.; _____ Ward)

File No. 25953
Registered No. 10026
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME William O. Baling

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

DATE OF BIRTH 11 23 1889
(Month) (Day) (Year)

AGE 22 yrs. 11 mos. 2 ds. If LESS than 1 day... hrs. or... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Track man
(b) General nature of industry, business, or establishment in which employed (or employer) NRR Co

BIRTHPLACE (state or country) Muhlenberg Co Ky

10 NAME OF FATHER L. D. Baling

11 BIRTHPLACE OF FATHER (State or country) Bohemia Co Mo

12 MAIDEN NAME OF MOTHER Callie A. Waught

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. P. Ball
(Address) Praterboro Ky

15 Filed 10-24, 1912, Praterboro Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 25, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1912, to Oct 26, 1912, that I last saw him alive on Oct 26, 1912, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:
fall from trestle striking on head severing or paralyzing cord causing paralysis
15 hours (Duration) — yrs. — mos. — ds.

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

(Signed) J. D. Lunsdell, M. D.
Oct 26, 1912 (Address) Praterboro Ky

*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 Simmons Chapel DATE OF BURIAL 10-27-1912

20 UNDERTAKER Robtson ADDRESS Praterboro Ky

REGISTRAR

WRITE FULLY WITH INK IN THESE SPACES IN A PREVIOUS RECORD

B. 2.—Every case of infectious disease is carefully examined. All cases are checked STATISTICALLY. 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.

13550
8-11-12

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