

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

27872

1 PLACE OF DEATH
County Murphy
26
Vet. Post
Inc. Town Cleaton
City (No. St., Ward)

Registration District No. 2135
Primary Registration District No.

File No.
Registered No. 71

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

3 FULL NAME Wm. Baling

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH March 10, 1855
(Month) (Day) (Year)

7 AGE 66 yrs. 9 mos. 8 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Jordan Baling

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Leat Know

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed Ball
(Address) Hill Side

15 Filed 11-19, 1921 W. H. McLean
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 18, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 16, 1921, to 18, 1921, that I last saw him alive on Dec 15, 1921, and that death occurred on the date stated above at 4:30 p.m. THE CAUSE OF DEATH* was as follows:

Pneumonia
(Duration).... yrs.... mos.... ds.

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

(Signed) Harry J. Phillips M.D.
1211 1/2 (Address) Cedarsville, Ky

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVELERS OR REGENT 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 Rebo # 4 DATE OF BURIAL 12-19, 1921

20 UNDERTAKER J. J. Thomas ADDRESS Holtzclough

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. 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.

MARGIN RESERVED FOR INDEXING