

I PLACE OF DEATH

State Board of Health

9081

County BoydBUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Vol. Fol. _____

Registration District No. South HospitalRegistered No. 190

Ins. Town _____

Primary Registration District No. _____

(If death occurred in hospital or institution, give the NAME instead of street and number.)

City Lawrence Ky(No. South Main St of 190 Ward)II FULL NAME Hitley Baker

PERSONAL AND STATISTICAL PARTICULARS

I SEX Male II COLOR OR RACE White III MARRIAGE STATUS Married
(Wife or wife)IV DATE OF BIRTH June 24 1886
(Month) (Day) (Year)V AGE 58 yrs. 9 mos. 19 ds.
IF LESS than 1 yr. or less than 1 mo. or less than 1 wk.VI OCCUPATION
(a) Trade, profession or particular kind of work Grocery man
(b) General nature of industry, business or establishment in which employed (or employer) _____VII BIRTHPLACE (State or country) Aurora IndVIII NAME OF FATHER William Hitley BakerIX BIRTHPLACE OF FATHER (State or country) Manchester IndX MAIDEN NAME OF MOTHER Annie GibsonXI BIRTHPLACE OF MOTHER (State or country) Aurora IndXII THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Clara Baker(Address) Lawrence KyFiled 4/15 1927 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

XIII DATE OF DEATH April 13 1927
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from March 12 1927 to April 13 1927 that I last saw him alive on April 11 1927 and that death occurred on the date stated above at 5:15 p.m.The CAUSE OF DEATH* was as follows:
Pulmonary embolus(Duration) 1 yrs. mos. ds.Contributory gall bladder disease
(Secondary) (Duration) 1 yrs. mos. ds.(Signed) [Signature]
(Address) Aurora Ind

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Manner of Injury; and (2) whether Accidental, Suicidal or Homicidal.

XIV LENGTH OF RESIDENCE (For Hospitals, Institutions, Treatment or Recent Residences)
at place _____ in the _____ State _____ yrs. _____ mos. _____ ds.Where was disease contracted, if not at place of death? _____
Former or usual residence _____XV PLACE OF BURIAL OR REMOVAL Greendale Ind DATE OF BURIAL April 16 1927XVI UNDERTAKER Ditch Bros Annie Gibson

MARGIN RESERVED FOR INDEXING

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.