

Form V. S. 1-25m-1-4-35
COMMONWEALTH OF KENTUCKY
 State Board of Health
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Carter
 Inc. Town James Chappel
 City Prater

2 FULL NAME Jack Baker

3 SEX Male 4 COLOR OR RACE White 5 MARRIAGE STATUS Married
 6 DATE OF BIRTH 1 Aug 1900
 7 AGE 168 yrs. 3 mos. 4 ds.
 8 OCCUPATION Common work
 9 BIRTHPLACE Ky.

10 NAME OF FATHER Henderson Baker
 11 BIRTHPLACE OF FATHER Virginia
 12 MAIDEN NAME OF MOTHER Lizzie Newman
 13 BIRTHPLACE OF MOTHER Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John Baker
 (Address) Prater, Ky.

15 Filed 3-10-30 1930 Registrar J. M. Crum

16 DATE OF DEATH Feb 4 1930
 17 I HEREBY CERTIFY, That I attended deceased Lawrence Baker on Feb 3 1930 and that I last saw him alive on Feb 3 1930 and that death occurred on the date stated above at 1:41 p.m.
 THE CAUSE OF DEATH* was as follows:
Pneumonia
 Contributory Tonsillitis and infected gall bladder
 (Signed) H. G. Sparks M. D.
2/4 1930 (Address) Oliver Hill, Ky.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
 at place of death 2 yrs. 5 mos. 3 ds. In the State 2 yrs. 5 mos. 3 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Home Cemetery DATE OF BURIAL 2/5 1930
 20 UNDERTAKER Chas. Gockett ADDRESS Prater, Ky.

File No. 3310
 Registered No. 24
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

11-2184

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 that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.