

Baker, Amanda Durbin 1888 - 1937

Form V. S. 1-A-75m-3-30-33

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Estell
Vot. Pot. Madison Craddock Registration District No. 5212
Inc. Town Shade, Ky Primary Registration District No. 4463
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Amanda Baker
(a) Residence. No. _____ St. _____ Ward _____ (if nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>		21. DATE OF DEATH <u>January 7th, 1937</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>December, 1936</u> to <u>January 7th, 1937</u> I last saw <u>her</u> alive on <u>Jan 7, 1937</u> death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Acute undecalcified car-ditis</u>
6. If married, widowed, or divorced (or) WIFE of <u>Charles Baker</u>				Date of onset	
6. DATE OF BIRTH <u>April 10-1888</u>		7. AGE Years <u>48</u> Months <u>9</u> Days <u>28</u> If LESS than 1 day hrs. or min.		Contributory causes of importance not related to principal cause: _____ _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Name of operation <u>None</u> Date of _____ What test confirmed diagnosis? <u>Was there an autopsy? <u>no</u></u>	
12. BIRTHPLACE <u>Kentucky</u>		13. NAME <u>James Durbin</u>			
14. BIRTHPLACE <u>Kentucky</u>		15. MAIDEN NAME <u>Elizabeth How</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>date of injury</u> <u>1937</u> Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE <u>Kentucky</u>		17. INFORMANT <u>Ronald Baker</u> (Address) <u>Shade, Kentucky</u>		Manner of injury _____ Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Madison</u> Date <u>Jan 9, 1937</u>		19. UNDERTAKER (Address) _____		24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____	
20. FILED <u>Jan 9, 1937</u>		_____ Registrar		(Signed) <u>E. E. Edwards, M. D.</u> (Address) <u>Trine, Kentucky</u>	

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