

Baldrige, Chloran 1937 - 1937

Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **20240**

1. PLACE OF DEATH
County Knott
Vol. Pct. Lawrence Jones
Inc. Town Chloran
City Chloran
Primary Registration District No. 5954
(No. Stumbo Means Wash Lackey Ky)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Chloran Baldrige IF VETERAN, WHAT WAR? 1570
(a) Residence, No. Hindman St. Ky Ward 1570
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mo. ds. How long in U. S., if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Infant
6. DATE OF BIRTH 9 7. AGE Years Months Days If LESS than 1 day hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, carpenter, bookkeeper, etc.
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

12. BIRTHPLACE Hindman Ky
13. NAME Oliver Baldrige
14. BIRTHPLACE Knott Co. Ky
15. MAIDEN NAME Deletha Owens
16. BIRTHPLACE Knott Co. Ky
17. INFORMANT Oliver Baldrige
(Address) Hindman Ky
18. BURIAL, CREMATION, OR REMOVAL
Place Hindman Date 11/9/1937
19. UNDERTAKER E. D. Ryan
(Address) Martin Ky
20. FILED 8/29/38 19 E. C. Collins
Reg. A. Barnes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 8, 1937
22. I HEREBY CERTIFY, That I attended deceased from 11/8, 1937 to 11/8, 1937
I last saw him alive on 11/8, 1937 death is said to have occurred on the date stated above, at 6:30 am
The principal cause of death and related causes of importance in order of onset were as follows:
Bronchial pneumonia Date of onset
Contributory causes of importance not related to principal cause: none
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) W. L. Stumbo M. D.
(Address) Lackey, Ky

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information 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.