

Form V. S. 1-A

**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

13748

1. PLACE OF DEATH  
 County Lincoln Registration District No. 900  
 City Moreland Primary Registration District No. 6731  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Martha S. Baker IF VETERAN, WHAT WAR?  
 (a) Residence, No. Moreland, Ky. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. New born in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>			21. DATE OF DEATH <u>April 17, 1946</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>C. S. Baker</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 7, 1943</u> to <u>April 17, 1946</u> I last saw <u>her</u> alive on <u>April 17, 1946</u> , death is said to have occurred on the date stated above, at _____ The principal cause of death and related causes of importance in order of onset were as follows:		
6. DATE OF BIRTH <u>May 4, 1922</u>	7. AGE Years <u>23</u> Months <u>11</u> Days <u>19</u>	8. Trade, profession, or particular kind of work done, as salesman, seaman, bookkeeper, etc. <u>Housewife</u>		Date of onset <u>1943</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		
12. BIRTHPLACE <u>Lincoln County</u>						
13. NAME <u>Burgess Lawson</u>						
14. BIRTHPLACE <u>Harrison County</u>						
15. MAIDEN NAME <u>Susie Mullen</u>						
16. BIRTHPLACE <u>Harrison County</u>						
17. INFORMANT <u>Burgess Lawson</u> (Address) <u>Moreland, Ky.</u>						
18. BURIAL, CREMATION OR REMOVAL Place <u>Moreland</u> Date <u>April 21, 1946</u>						
19. UNDERTAKER <u>W. T. Lamb</u> (Address) <u>Moreland, Ky.</u>						
20. FILED <u>6-4</u> , 1946 <u>Griffith Southern</u> Registrar						
				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? _____ (Signed) <u>W. T. Lamb</u> M. D. (Address) <u>Moreland, Ky.</u>		

M. S. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully verified. 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.

MARGINS RESERVED FOR BINDING