

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

26105

1 PLACE OF DEATH

County WrightVol. Central CityIno. Town Central CityCity Central CityRegistration District No. 1087Primary Registration District No. 2430

(No. _____ St. _____ Ward)

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

File No. _____

Registered No. 1052 FULL NAME Baxter Stroud

(a) Residence. No. _____ 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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W. 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH June 20, 1860
(Month) (Day) (Year)7 AGE 68 yrs. 4 mos. 3 ds. IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work Engineer
(b) General nature of industry,
business or establishment in
which employed (or employer) _____9 BIRTHPLACE (city or town) Ky.
(State or country)

PARENTS	10 NAME OF FATHER <u>John Stroud</u>
	11 BIRTHPLACE OF FATHER (city or town) <u>Ky.</u> (State or country)
	12 MAIDEN NAME OF MOTHER <u>Mary E. Baxter</u>
	13 BIRTHPLACE OF MOTHER (city or town) <u>Ky.</u> (State or country)

14 (Informant) Tom Stroud
(Address) Central City, Ky.15 Filed 10-24, 1928 A. L. Blueford
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 23, 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Sept. 1928, to Oct. 1928,
that I last saw him alive on Oct. 22, 1928,and that death occurred on the date stated above at 1:30 a.m.
The CAUSE OF DEATH* was as follows:Coronary Arteriosclerosis
HypertensionContributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Alveolar(Signed) Harry J. Ide M. D.Oct 22, 1928 (Address) Central City, Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See Reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Warrington DATE OF BURIAL Oct 24, 192820 UNDERTAKER Arthur L. Mosley ADDRESS Central City, Ky.

WRITE PLAINLY, WITH UNFADING INK—PRINT TO THE EXTENT POSSIBLE. EXACTLY. PHYSICIANS SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.