

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Ky b. COUNTY Muhl		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenville, Ky. R#3		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Greenville, Ky.		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bogges Heights Road			d. STREET ADDRESS 312 York St.		
3. NAME OF DECEASED (Type or Print) Roy T Jernigan			4. DATE OF DEATH (Month) (Day) (Year) Oct 20 1960		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 16 1917		9. AGE (In years last birthday) 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if changed) Machine Shop Worker	10b. KIND OF BUSINESS OR INDUSTRY OU		11. BIRTH PLACE (State or foreign country) Muhlenberg Co. Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edgar Jernigan			14. MOTHER'S MAIDEN NAME Dora Mae Mc Donald		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.		17. INFORMANT Lana Cooksey		
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet wound			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.			DUE TO (b) Immediately.		
			DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 981X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Dead of gun shot wound fired at the hands of Raymer		
21b. TIME OF INJURY 3:30 p.m.	Hour 3:30	Month, Day, Year 10/20/60	380 Colt Automatic, bullet entered left side of neck & ranged downward body lying at rear of Jernigan's		
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Bogges Heights		21e. CITY, TOWN, OR LOCATION Greenville, Muhlenberg, Ky.	
22. I hereby certify that I attended the deceased from 19 to 19 , that I last saw the deceased alive on 19 , and that death occurred at 3:30 p.m. from the causes and on the date stated above.					
23a. DATE SIGNED 10/27/60		23b. ADDRESS Central City, Ky.		23c. SIGNATURE (Degree or title) Harry C. Cooper Co. Judge	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 22, 1960		24c. NAME OF CEMETERY OR CREMATORIUM Evergreen Cemetery	
24d. LOCATION (City, town, or county) (State) Greenville, Kentucky					
25a. DATE REC'D BY LOCAL REG. 10-28-60		25b. REGISTRAR'S SIGNATURE Marye Halge		26. FUNERAL DIRECTOR Gary's Funeral Home--Greenville, Ky.	