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Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 13

1. PLACE OF DEATH
County Muhlenberg
Vot. Pct. _____
Inc. Town Milport
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 1086
Primary Registration District No. 6813

2. FULL NAME Andrew Thomas Phillips
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence, No. _____ St. _____ Ward _____ (Usual place of abode)
(b) _____ (If decedent was 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH <u>Sept 17 - 1865</u>		
7. AGE Years <u>72</u>	Months <u>1</u>	Days <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Merchant</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1937 to Oct. 20, 1937
I last saw h. _____ alive on _____, 19____ death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Hypertensive Cardiovascular disease
II cardiac decompensation
Date of onset _____

Contributory causes of importance not related to principal cause:
Secondary

12. BIRTHPLACE Ky

FATHER
13. NAME Andrew Phillips
14. BIRTHPLACE Ky

MOTHER
15. MAIDEN NAME Amanda McCullay
16. BIRTHPLACE Ky

17. INFORMANT E.C. Phillips
(Address) Milport Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Brian Creek Date 10-21, 1937

19. UNDERTAKER J.B. Tucker
(Address) Bremen Ky

20. FILED Dec. 4, 1937 Dollie Robertson
Registrar.

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 _____ 19____
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) Foster M Wilson, M. D.

(Address) Sacramento, Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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.