

Commonwealth of Kentucky
STATE BOARD OF HEALTHBUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Muhlenberg
Vol. Fol. N.C.
Inc. Town
City Central City (No. St. Ward) [If death occurred in a hospital or institution, give the NAME (instead of street and number.)]
FULL NAME Bessie Phillips

Registration District No. 870
Primary Registration Dist. No. 2435

File No. 2543
Registered No. 6

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

DATE OF BIRTH Nov. 10, 1887
(Month) (Day) (Year)

AGE 27 yrs. 2 mos. 20 ds. IF LESS than 1 day....hrs, or....min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Home wife
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Muhlenberg Co

PARENTS
10 NAME OF FATHER Sam Williams
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Mary Annis Jones
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Phillips
(Address) Central City, Ky

15 Filed Feb 6, 1913 A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 30, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1913, to Jan 30, 1913, that I last saw him alive on Jan 30, 1913, and that death occurred, on the date stated above, at 2:20 p.m.

The CAUSE OF DEATH* was as follows:

It has been following Child Birth. Had organic heart disease

(Duration) yrs. mos. ds.
Contributory Organic heart disease
(Secondary) (Duration) yrs. mos. ds.

(Signed) L. M. Deussen M. D.
Feb 5, 1913 (Address) Central City, Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

(15) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSMENTS OR RECENT RESIDENTS) In the
At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Brian Creek DATE OF BURIAL Jan 31, 1913

20 UNDERTAKER Martin Moore ADDRESS Central City

B. B. - Every item of information should be carefully supplied. AGE should be stated in years. FURNITURE should state
 make of chairs in plain text, so that it may be properly classified. Full amount of OCCUPATION is very
 important. See instructions on back of certificate.