

Commonwealth of Kentucky  
STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18176

PLACE OF DEATH  
County Muhlenberg  
Vol. Pat. Summers #14  
Inc. Town  
City (No. St. Ward)

Registration District No. 7134  
Primary Registration Dist. No.

File No.

Registered No. 14

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Bessie May Phillips

PERSONAL AND STATISTICAL PARTICULARS

1 SEX female 2 COLOR OR RACE white 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

4 DATE OF BIRTH July 1st 1892  
(Month) (Day) (Year)

7 AGE 23 yrs. 2 mos. 23 ds. If LESS than 1 day... hrs. or... min.?

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

6 BIRTHPLACE (State or country)

PARENTS  
10 NAME OF FATHER Joy Phillips  
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky  
12 MAIDEN NAME OF MOTHER Virginia Pickens  
13 BIRTHPLACE OF MOTHER (State or country) Sacramento McLean Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Virginia Phillips  
(Address) Sacramento Ky

15 Filed 7/26/1912 S. A. Stewart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 24, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from one day, 1912, to July 24, 1912 that I last saw him alive on \_\_\_\_\_, 1912, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH\* was as follows:  
Pneumonia

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) D. W. H. M. D. M. D.  
725, 1912 (Address) Sacramento Ky

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

(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. in the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Brier Creek cemetery DATE OF BURIAL 7/26/1912  
20 UNDERTAKER J. E. Holmes ADDRESS Sacramento Ky

WRITE PLAINLY, WITH CAREFUL PENCIL OR INK. PHYSICIAN SHOULD STATE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. V. PHYSICIAN 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.