

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

12103

File No.

Registered No.

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

1 PLACE OF DEATH

County MuhlenbergVot. Pct. ProadelyRegistration District No. 871

Inc. Town

Primary Registration District No. 8429

City

(No. St., Ward)

2 FULL NAME J. E. Phillips

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH Sept 10 1910
(Month) (Day) (Year)

7 AGE 81 yrs. 8 mos. 1 ds.
IF LESS than 1 day hrs. or min?

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer) at home

9 BIRTHPLACE (State or country) Trigg Co. Ky

PARENTS

10 NAME OF FATHER John Phillips

11 BIRTHPLACE OF FATHER (State or country) Dont know

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John A. Phillips(Address) Proadely Ky15 Filed 5/11/37 1937 B. W. Klepper Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 11 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from, 192....., to, 192....., that I last saw ~~him~~ alive on Apr 15, 1927, and that death occurred on the date stated above at 4 P.M.

The CAUSE OF DEATH* was as follows:
Suffering with Asthma at that time.
(Duration) yrs. mos. ds.

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

(Signed) E. L. Galt
5/11, 1927 (Address) Greenville 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 in the
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 Rebo B.S. DATE OF BURIAL May 11 1927

20 UNDERTAKER McDonald & Scott Greenville Ky ADDRESS

INK SHOULD BE USED FOR FILING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.