

21051

Form V. B. 1-A

## COMMONWEALTH OF KENTUCKY

State File No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
Bureau of the CensusDepartment of Health  
BUREAU OF VITAL STATISTICSRegistrar's No. 229

## CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 2496

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
 (b) City or town Greenville  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution:  
Muhlenberg County Hospital  
 (If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or \_\_\_\_\_ 1 hr.  
 (years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg  
 (c) City or town Greenville, Ky.  
 (If outside city or town limits, write RURAL)  
 (d) Street No. \_\_\_\_\_  
 (If rural give precinct)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Robert L. Phillips

3(b) If veteran, \_\_\_\_\_

3(c) Social Security

Name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro 6(a) Single, widowed, married, divorced Married6(b) Name of husband or wife Margaret Bard6(c) Age of husband or wife if alive 26 Years7. Birth date of deceased Dec. 28 1914  
(Month) (Day) (Year)8. AGE: Years 29 Months 8 Days 19 If less than one day hr. \_\_\_\_\_ min.9. Birthplace Graham, Ky.10. Usual occupation Coal miner

11. Industry or business \_\_\_\_\_

FATHER { 12. Name James Phillips13. Birthplace Hopkins County, Ky.MOTHER { 14. Maiden name Bunnie Mae Pritchett15. Birthplace Muhlenberg County, Ky.16(a) Informant's own signature Margaret R. Phillips(b) Address Greenville, Ky.

## 17. BURIAL, CREMATION, OR REMOVAL

Place Greenville, Ky. date 9/18 194418(a) Signature of funeral director Ernest S. Elliott(b) Address Greenville, Ky.19(a) 9-18-44 (Date received by local registrar) (b) Margaret R. Phillips (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 16, 194421. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date stated above at 10:55 P.M.Immediate cause of death being shot in left armpit below shoulder and bleeding to death. Shot by 12 gauge shotgun

DURATION

Other conditions \_\_\_\_\_

(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 194

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence Sept. 16, 1944(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? In Shellie Wells home  
(Specify type of place)While at work? no (a) Means of injury shot23. Signature Howard F. McKinney (Registrar)Address Greenville, Ky. Date signed Sept 16, 1944

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.