

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. San Francisco #114
Inc. Town _____
City _____ (No. _____ St., _____ Ward)

File No. 20745
Registered No. 17

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

2 FULL NAME Virgil Phillips

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OF RACE <u>White</u>	5 SINGLE, MARRIED, <input checked="" type="checkbox"/> <u>Married</u> , WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>June 3rd 1895</u> (Month) (Day) (Year)		
7 AGE <u>27</u> yrs. <u>2</u> mos. <u>19</u> da.		If LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

9 BIRTHPLACE (State or country) Sacramento
McLean Co Ky

PARENTS	10 NAME OF FATHER <u>Peter Richard</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Sacramento McLean County Ky</u>
	12 MAIDEN NAME OF MOTHER <u>Kate Hughes</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ohio County Ky</u>

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

15 Filed Aug 22 1912 S. A. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Aug 21 12 o'clock 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st 1912 to Aug 21st 1912, that I last saw her alive on Aug 20 1912, and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:
Tuberculosis bowels.

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

(Signed) W. H. Moore M. D.
Aug 21 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 <u>Brier Creek cemetery</u>	DATE OF BURIAL <u>Aug 22 1912</u>
20 UNDERTAKER <u>J. E. Adams</u>	ADDRESS <u>Sacramento Ky</u>