

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27651

1 PLACE OF DEATH

County MuhlenbergFile No. 30Vot. Pct. Beek CreekRegistration District No. 1092

Registered No. ....

Inc. Town.....

Primary Registration District No. 6827

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

City.....

(No. .... St., ..... Ward)

2 FULL NAME Phillip Melvin Smith

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word) single6 DATE OF BIRTH Oct 12 1911  
(Month) (Day) (Year)7 AGE 14 yrs. 1 mos. 4 ds. IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION (a) Trade, profession or particular kind of work. Dancer (b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Muhlenberg Co Ky

PARENTS

10 NAME OF FATHER Phillip Melvin Smith11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky12 MAIDEN NAME OF MOTHER Lola Lee Hill13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Phillip Melvin Smith  
(Address) Beek Creek Ky15 Filed 12/7 1925 Victor J. J. J. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 16 1925  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1925, to Nov 16, 1925, that I last saw him alive on Nov 16, 1925, and that death occurred on the date stated above at 4:15 P.M.The CAUSE OF DEATH\* was as follows:  
Accidental shot with shot gun  
(Duration) ..... yrs. .... mos. 3 1/2 ds.Contributory (Secondary) .....  
(Duration) ..... yrs. .... mos. .... ds.(Signed) W. H. Richardson, M. D.  
Nov 17, 1925 (Address) Beek Creek

\*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 ..... 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 Josh Cemetery DATE OF BURIAL Nov 17 1925UNDERTAKER L. H. Stewart ADDRESS Beek Creek

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. Fact statement of OCCUPATION is very important. See instructions on back of certificate.