

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27859

1 PLACE OF DEATH

County *Muhlenberg*Vot. Pot. *Boyer*

Inc. Town

City

(No.)

St.; Ward)

2 FULL NAME *Phillip J. Smith*

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *B* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
(Use the word)6 DATE OF BIRTH *Jan - 1862*
(Month) (Day) (Year)7 AGE *59* yrs. *7* mos. *7* ds. If LESS than 1 day - hrs. or - min ?8 OCCUPATION
(a) Trade, profession, or particular kind of work *Minister*
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (state or country) *Dykesboro*10 NAME OF FATHER *Nilas Smith*11 BIRTHPLACE OF FATHER (State or country) *Pa*12 MAIDEN NAME OF MOTHER *Mary Adams*13 BIRTHPLACE OF MOTHER (State or country) *Pa*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *John W. Smith*(Address) *Boyer*

15

Filed *1/28, 1921**Wickliffe**Wickliffe*
muell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 26, 1921*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *newspaper*, 191... to, *Jan*, 191... that I last saw h... alive on *Jan*, 191... and that death occurred, on the date stated above, at *82* m.The CAUSE OF DEATH* was as follows:
Heart failure due to a leaky heart from history given. This man did not
(Duration) - yrs. - mos. - ds.

Contributory (SECONDARY) (Duration) - yrs. - mos. - ds.

(Signed) *D. E. Boyd*, M. D.
Dec 26, 1921 (Address) *Boyer*

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

(1b) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death? Former or usual residence

18 PLACE OF BURIAL OR REMOVAL *West End, Louisville* DATE OF BURIAL *1/28, 1921*19 UNDERTAKER *Oren L. Rank* ADDRESS *Presville, Ky.*