

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u>			2. USUAL RESIDENCE a. STATE <u>KY</u> b. COUNTY <u>BATH</u>		
b. CITY (if outside corporate limits, write RURAL and give township) <u>SALT-LICK, Ky</u>		c. LENGTH OF STAY (in this place)	c. CITY OF TOWN <u>SALT-LICK, Ky</u>		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Midland</u>			d. STREET ADDRESS <u>Midland</u>		
3. NAME OF DECEASED (Type or Print) <u>BOBBY RUSSELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 3 1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>APRIL 17 1942</u>		9. AGE (In years last birthday) <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN RUSSELL</u>			14. MOTHER'S MAIDEN NAME <u>ANNA WITMAN</u>		
15. WAS DECEASED (Ever in U. S. Armed Forces) (If yes, give year or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.	17. INFORMANT <u>LEE RUSSELL</u>	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Lacerations & Hemorrhages</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
9190 Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	DUE TO (b) <u>Secondary gun shot wound to brain, Accidental</u>	
	DUE TO (c) <u>22 Caliber rifle</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20. ACCIDENT / SUICIDE / HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (State nature of injury in Part I or Part II of Item 18.) <u>Accidental gun shot wound</u>
21b. TIME OF INJURY Hour Month, Day, Year <u>11:30 P.M. 1-3-1963</u>	
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>
	21e. CITY, TOWN, OR LOCATION COUNTY STATE <u>Salt Lick, Bath, Ky</u>

22. I hereby certify that I attended the deceased from 1-3-1963 to 1-3-1963, that I last saw the deceased alive on 1-3-1963, and that death occurred at 6:30 P.M. from the causes and on the date stated above.

23a. DATE SIGNED <u>1-3-63</u>	23b. ADDRESS <u>Livingville, Ky</u>	23c. SIGNATURE (Typed or title) <u>Charles A. Gregory, Coroner</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 6 1963</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JAMES CEM</u>
	24d. LOCATION (City, town, or county) (State) <u>(SALT-LICK, BATH KY)</u>	24e. FUNERAL DIRECTOR ADDRESS <u>Well 29th (SALT-LICK KY)</u>
25a. DATE REC'D BY <u>1-5-1963</u>	25b. REGISTRAR'S SIGNATURE <u>Leva L. Crook</u>	25c. FORMAL DIRECTOR ADDRESS