

1. PLACE OF DEATH & COUNTY BATH		2. USUAL RESIDENCE (Where decedent lived immediately preceding death) a. STATE KY b. COUNTY BATH	
b. CITY (If outside corporate limits, enter NEAR and give name of nearest town) SALT-LICK	c. LENGTH OF STAY (In case of death in hospital or institution)	d. CITY (If outside corporate limits, enter NEAR and give name of nearest town) SALT-LICK	e. STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type as shown) PHILIP ALLEN MYERS		4. DATE OF DEATH (Month) (Day) (Year) SEP 25 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIAGE STATUS SINGLE	8. DATE OF BIRTH DEC 9-1911
9. OCCUPATION (In case of work done during year of death, enter it) FARMER	10. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) KENTUCKY	12. CITIZENSHIP USA
13. FATHER'S NAME JOHN MYERS II		14. MOTHER'S MAIDEN NAME EMMA MAGERMAN	
15. WAS DECEASED EVER ON U. S. ARMED FORCES? (Enter "yes" or "no" or "not in service")	16. SOCIAL SECURITY NO.	17. INFORMANT MABLE DICKERSON	
18. CAUSE OF DEATH (Enter date and cause of death for (a), (b), and (c))			
a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		MEDICAL CERTIFICATION Cerebral Hemorrhage	
b. ANTECEDENT CAUSES		INTERVAL BETWEEN DEATH AND DATE OF DEATH	
c. *This does not mean the mode of dying such as heart failure, suffocation, etc. It means the disease, injury, or complication which caused death.		d. DUE TO (a)	
e. MARIBL conditions, if any, giving rise to the other cause (a) stating the underlying cause last.		e. DUE TO (b)	
f. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		f. OTHER	
19a. DATE OF DEATH 9/25/52	19b. MAJOR FINDINGS OF OPERATION 331X-010-16	19c. AUSTRIAN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT (Specify) NONICIDE	20b. PLACE OF INJURY (e.g., home, street, farm, etc.)	20c. CITY, TOWN, OR TOWNSHIP BATH	20d. COUNTY BATH
20e. STATE KY	20f. TIME (Month) (Day) (Year) (Hour) (Min) 9/25/52	20g. INJURY OCCURRED WALKING	20h. HOW DID INJURY OCCUR?
21. I hereby certify that I attended the deceased from Sept 23 52 to Sept 25 52 that I last saw the deceased alive on Sept 24 52 and that death occurred at 8 A M from the causes and on the date stated above.			
22a. DATE SIGNED 9/26/52	22b. ADDRESS Livingstone	22c. SIGNATURE R. C. DeFren	
23a. FUNERAL EXTENSION MEMORIAL SERVICE LEONIA	23b. DATE SEPT 28 1952	23c. NAME OF CEMETERY OR CREMATORY JONES' CEM	23d. LOCATION (Town, name of county) SALT-LICK-BATH CO KY
24a. DATE REC'D BY 10/4/52	24b. REGISTRAR'S SIGNATURE Mr. Pearl Broth	24c. JOURNAL DIRECTOR Florence A. Powell	24d. ADDRESS Salt Lick