

COMMONWEALTH OF KENTUCKY  
 DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

FILE NO. 116 **56-25125**  
 REGISTRAR'S NO. **164**

Registration District No. **65** - Primary Registration District No. **5711**

1. PLACE OF DEATH a. COUNTY <b>HARLAN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>KENTUCKY</b> b. COUNTY <b>HARLAN</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CUMBERLAND, KY.</b>		c. LENGTH OF STAY (In this place) <b>69 YEARS</b>	c. CITY OR TOWN <b>CUMBERLAND,</b>		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME</b>			d. STREET ADDRESS <b>Rural</b>		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) <b>PHARIS</b> b. (Middle) <b>S.</b> c. (Last) <b>GILLIAM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 16, 1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Nov. 22, 1887</b>	9. AGE (In years last birthday) <b>69</b>	If Under 1 Year: Months Days If Under 24 Hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b>	11. BIRTHPLACE (State or foreign country) <b>CUMBERLAND, KY.</b>		12. CITIZEN OF WHAT COUNTY? <b>U.S.A.</b>
13. FATHER'S NAME <b>D.C. GILLIAM</b>			14. MOTHER'S MAIDEN NAME <b>SUSAN BAILEY</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>400-18-9660</b>	17. INFORMANT <b>EARL GILLIAM</b>		
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute cardiac failure (myocardial)</b> Conditions, if any, which gave rise to above cases (a) stating the underlying cause last. DUE TO (b) <b>generalized arteriosclerosis</b> DUE TO (c) <b>hypertension, chronic nephritis &amp; myocardial</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>11/11/56 - 083-16</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION		COUNTY STATE
22. I hereby certify that I attended the deceased from <b>Nov 25, 1956</b> , to <b>Dec 16, 1956</b> , that I last saw the deceased alive on <b>Dec 15, 1956</b> and that death occurred at <b>2:30A</b> m., from the causes and on the date stated above.					
23a. DATE SIGNED		23b. ADDRESS <b>BENHAM, KY.</b>		23c. SIGNATURE (Degree or title) <b>J. A. M. Fuller M.D.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GILLIAM CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>CUMBERLAND, KY.</b>	
25a. DATE REC'D BY LOCAL REG. <b>12/22/56</b>	25b. REGISTRAR'S SIGNATURE <b>Pella Skidmore, R. Reg.</b>		26. GENERAL DIRECTOR <b>C. W. PARKER,</b>		ADDRESS <b>CUMBERLAND, KY.</b>