

# Registrar of Vital Statistics

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FORM V.S. NO. 1-A  
REV. 1/68

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

68 5495

FILE NO. 114

REGISTRAR'S NO. 196

Registration District No. 410 Primary Registration District No. 2145

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Festus Garland Robertson					2. Male	3. 3-14-68	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 YEAR HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White		5a. 71	5b.	5c.	6. Oct. 20-1896	Daviess	
7b. Owensboro			INSIDE CITY LIMITS (SPECIFY YES OR NO)		7d. Owensboro-Daviess County Hospital		
7a. Owensboro		7c. Yes		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Kentucky		9. U S A		10. married		11. Fay Hagerman	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. Kentucky		13a. Retired farmer		13b.			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Kentucky		14b. Daviess	14c. Owensboro		14d. yes	14e. 3220 Chickasaw dr.	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Edward Garland Robertson					16. Lydia Brown		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <i>Lydia S. Robertson</i>				17b. 1615 FORES LN OWENBORO, KY.			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) <i>Arterio Sclerotic heart disease</i>				2 years	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) <i>disease</i>					
		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
					19a. NO	19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.	20b.	20c.	20d.				
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
20e.	20f.	20g.					
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
I ATTENDED THE DECEASED FROM		TO		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21a.		21b.		21c.		21d.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.				6:50 P. M.	22b.	March 14	68
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
23a. Dr. Lee Tyler		23b. <i>Lee Tyler</i>		M.D.	23c. 3-19-68		
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
23d. Holland Building				Owensboro	Kentucky	42301	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION		CITY OR TOWN	STATE		
24a. Burial	24b. Elmwood	24c. Owensboro		24d. Kentucky			
DATE (MONTH, DAY, YEAR)	FUNERAL DIRECTOR—SIGNATURE			ADDRESS (ZIP CODE)			
24d. 3-18-68	25a. <i>Wayne McGinnis</i>			25b. McGinnis Funeral Home, Inc. 519 Locust 42301			
NAME OF EMBALMER	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR					
25c. <i>Wayne McGinnis</i>	25d. <i>Collie Dodson</i>	25e. 3-29-68					

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 31 day of Oct, 1968 year.

*Barbara F. White*

Barbara F. White, State Registrar