Registra of Vital Statistics Certified Copy



			MENT OF HEALTH		114	7
			ATE OF DEATH		AR'S NO	<u>(</u>
DECEASED—NAME	Registration District N		Primary Registration D		2/4	2
ı. Fest	us Garla	and Rob	ertson 2	Male	DATE OF DEATH (MO 3. 3-14-68	NTH, DAY, YEAR)
RACE WHITE, NEGRO, AMERICAN ETC. (SPECIFY)	INDIAN, AGE-LAST	UNDER 1 YEAR UNDER 1	DAY DATE OF BIR	TH (MONTH, DAY,	COUNTY OF DEATH	
4. White CITY, TOWN, OR LOCATION	5a. /1	5b. 5c.	6. UCT		6 Davies	
7b. Owensboro	N OF DEATH	aretry wer on Hot			f (IF NOT IN EITHER GIVE S County H	
STATE OF BIRTHUR NOT IN U	S.A., CHIZEN OF V	HAT COUNTRY MARRI	ED, NEVER MARRIED	SURVIVING	SPOUSE (IF WIFE, GIVE	MAIDEN NAME)
8. Kentucky SOCIAL SECURITY NUMBER		Δ 10. M	arried	II. Fa	y Hagerman	
	WORKING LIFE, EVI	ATION IGIVE KIND OF WORK	7 0		SS OR INDUSTRY	
RESIDENCE—STATE CO	OUNTY	CITY, TOWN, OR LOC	ATION	NSIDE CITY LIMITS	STREET AND NUMBE	R
140. Kentucky 14		14c. Owensbo	ro 114	PECIFY YES OR NO) J. VOS	14e. 3220 Ch	ickasaw dr.
		MIDDLE TO SERVE AND A SERVE	LAST MOTHER-MAI		First	MIDDLE L
is. Edward informant—name	Garland	Roberts MAILIN	OTI 16.		ydia .F.b. no., city or town, si	Brown ATE, ZIPI
17a. Fac 1/2	15 Pe	lec 12 176.	615 FOO		N C'BOK	4411
PART I. DEATH V		[ENTER	ONLY ONE CAUSE	PER LINE FOR	(a), (b), AND (c)]	APPROXIMATE INTERVAL
	MMEDIATE CAUSE	arte	1. A	D 1	0,0-	2 200
CONDITIONS, IF ANY		E OP:				A STORES
STATING THE UNDER-	(b) DUE TO, OR AS A CONSEQUENC (c) CONDITIONS: CONDITIONS C	Alane	OT RELATED TO CAUSE GIVE	N IN PART I (D)	AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CO.
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Barbara J. White