

Kentucky Post - March 13, 1925

## FIGHT AT DANCE

### One Man Is Slain and Another Is Arrested Later

*Special to The Post.*

PARIS, KY., March 13.—Robert Fuller, 27, cook at Curtis Bros. restaurant here, was shot four times and killed today. Dill L. Asher was arrested. The two men were at a public dance on Winchester pike. Eye-witnesses claim the shooting was done by Asher in apparent self-defense, as Fuller had struck Asher several times. Asher, who is a Louisville & Nashville R. R. fireman, escaped, but was apprehended later by officers in Winchester and turned over to Sheriff M. Peal Collier here, who placed him in Bourbon-co jail without bond.

Louisville Courier Journal - March 15, 1925

The funeral of Robert V. Fuller, 34 years old, who died Friday morning of gunshot wounds from a revolver in the hands, it is alleged, of William Asher of Paris, will be held at the Old Union Church Sunday afternoon at 2:30 o'clock, burial following in the Old Union Cemetery. He is survived by his mother, Mrs. Martha Seers Fuller; one sister, Mrs. Elizabeth Blackerby, of Fayette County; four brothers, William Fuller of North Carolina, Thomas Fuller, Albert Fuller and Alvin Fuller of Bourbon County.

Asher, who is accused of the killing of Fuller, is said to be 22. He came to Paris a few months ago and secured employment with the Louisville & Nashville Railroad as brakeman, and was due to go out on his run on the morning of the killing. When seen at the jail he refused to discuss his case further than to say that he thought his life was in danger when he fired the shots.

FORM V - 1-2004 1-29-12		Commonwealth of Kentucky		5436
1 PLACE OF DEATH		STATE BOARD OF HEALTH		
County <u>Bourbon</u>		BUREAU OF VITAL STATISTICS		
Vot. Pot. <u>West Middletown</u>		CERTIFICATE OF DEATH		File No. ....
Ino. Town .....		Registration District No. <u>93</u>		Registered No. <u>92</u>
City .....		Primary Registration District No. <u>4176</u>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME <u>Robert V. Fuller</u>		(No. .... St., .... Ward)		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>M.</u>	4 COLOR OR RACE <u>W.</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Divorced</u>	16 DATE OF DEATH <u>Mar - 12 - 1925</u>	
6 DATE OF BIRTH <u>Mar. 10, 1891</u>		17 I HEREBY CERTIFY, That I attended deceased from ....., 191... to ....., 191... that I last saw h... alive on ....., 191... and that death occurred on the date stated above at.....m. The CAUSE OF DEATH* was as follows:		
7 AGE <u>34</u> yrs. <u>0</u> mos. <u>3</u> ds.	IF LESS than 1 day... hrs. or... min.?		<u>Four Pistol Shot Wounds in Body - Homicide</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Clerk.</u>		Contributory..... (Duration).... yrs.... mos.... ds.		
(b) General nature of industry business or establishment in which employed (or employer) .....		(Signed) <u>Randolph Davis Brown</u> <u>Mar - 12 - 1925</u> (Address) <u>Paris, Ky.</u>		
9 BIRTHPLACE (State or country) <u>Ky.</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
10 NAME OF FATHER <u>Jeff. D. Fuller</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death.... yrs.... mos.... ds. State.... yrs.... mos.... ds. Where was disease contracted, if not at place of death? Former or usual residence .....	
12 MAIDEN NAME OF MOTHER <u>Martha Seers</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>		19 PLACE OF BURIAL OR REMOVAL <u>Old Union B. Co.</u> DATE OF BURIAL <u>Mar. 13, 1925</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Thomas Fuller</u> (Address) <u>Paris, Ky.</u>		20 UNDERTAKER <u>Geo. P. Davis &amp; Co. - Paris, Ky.</u>		
15 Filed <u>4/6</u> ....., 1925 <u>D. H. Pennington</u>				

M. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.