

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29106

File No. _____

Registered No. 6

1 PLACE OF DEATH

County MuhlenbergVot. Pot. ParisRegistration District No. 1089

Inc. Town _____

Primary Registration District No. 6823

City _____

(No. _____ St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Vine Stinson

(a) Residence. No. _____ St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE X 5 Single Married
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH 7-18-46
(Month) (Day) (Year)7 AGE 21 yrs. — mos. — ds. IF LESS than 1
day _____ hrs.
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work Housewife(b) General nature of industry,
business or establishment in
which employed (or employer) _____9 BIRTHPLACE (city or town)
(State or country) Paris, Kentucky

PARENTS

10 NAME OF FATHER Billy Jenkins11 BIRTHPLACE OF FATHER (city or town)
(State or country) Paris, Kentucky12 MAIDEN NAME OF MOTHER Anderson13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Paris, Kentucky14 (Informant) M. R. Alexander(Address) Greenville Ky.15 Filed 12-30-1927 H. S. Cundiff
RegistrarLaura R. Brown

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 28, 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Dec 26, 1927, to Dec 28, 1927,that I last saw h. alive on Dec 26, 1927and that death occurred on the date stated above at 12:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Charles Woodburn, M. D.Dec 29 1927. (Address) Central City, Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Paul Sears Cemetery 12/29, 1927

20 UNDERTAKER ADDRESS

Carl Anderson Central City, Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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