

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16566

1 PLACE OF DEATH
County Marion
Vol. No. # 32 Registration District No. 872 File No.
Ino. Town Brewer Primary Registration District No. 7-254822 Registered No. 29
City (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Eva Larine Vance

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6 DATE OF BIRTH Jan 8, 1914
7 AGE 8 yrs. 6 mos. 18 ds. IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed (or employer)
9 BIRTHPLACE (State of country) Marion Ky
10 NAME OF FATHER Wm Vance
11 BIRTHPLACE OF FATHER (State of country) Paris Hill Ky
12 MAIDEN NAME OF MOTHER Essie Campbell
13 BIRTHPLACE OF MOTHER (State of country) Huntsville Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Navel
(Address) Brewer

15 Filed 7/25/22 J. S. ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 26, 1922
17 I HEREBY CERTIFY, That I attended deceased from May 1, 1922, to July 26, 1922, that I last saw her alive on July 25, 1922, and that death occurred on the date stated above at 9 a.m. The CAUSE OF DEATH* was as follows:
Valvular Disease of heart Congenital
(Duration) 9 yrs. 6 mos. ds.
Contributory (Duration) 7 yrs. mos. ds.
(Signed) J. D. ..., M. D.
7-26, 1922 (Address) Drakebrook Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
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

19 PLACE OF BURIAL OR REMOVAL Brewer DATE OF BURIAL 7-27-22
20 UNDERTAKER J. R. ... ADDRESS

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

L. S.--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.