Form V. S. 1-A—50m—11-1-29

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 19970

Registered No. 55.

1 PLACE OF DEATH

County Jefferson

Vet. Pct. ____

Inc. Town Central City

City ____

Registration District No. 1087

Primary Registration District No. 2435

(No. ____ St., ____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Aaron Vincent

(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	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/13/54

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	78	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Price Vincent

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Rachel Hardin

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Herbert Vincent Central City Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Pisgah Date 8/4, 1932

19. UNDERTAKER (Address) Hill & Anderson Central City Ky

20. FILED 8/4, 1932 W. L. Standard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/3/1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Aug 3, 1932

I last saw him alive on Aug 2, 1932, and death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Cerebral hemorrhage	8-1-32
Contributory causes of importance not related to principal cause:	
Cardiac Sclerosis	1920

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. H. Harralson, M. D.

(Address) Central City Ky

Fill out all items. 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.