FORM V S 1 BOOM 2-29-12

1 PLACE OF DEATH

County Muhlenburg

Vet. Pct. #19

Inc. Town

City Central City

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

Registration District No. 870

Primary Registration District No. 2435

File No. 14753

Registered No. 45

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

(No. ..... St., ... Ward)

2 FULL NAME Albert T. Vincent

DEL 4?

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH March 4, 1858
(Month) (Day) (Year)

7 AGE 61 yrs. 1 mos. 5 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenburg Co.

PARENTS

10 NAME OF FATHER Albert Thomas Vincent

11 BIRTHPLACE OF FATHER (State or country) Muhlenburg Co.

12 MAIDEN NAME OF MOTHER Mary Dabland

13 BIRTHPLACE OF MOTHER (State or country) Muhlenburg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rufus Vincent

(Address) Central City

15 Filed June 14, 1920 W. L. Blanford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 9, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1915, to April 9, 1920, that I last saw h... alive on April 7, 1920, and that death occurred on the date stated above at 12 m. The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

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

Contributory (SECONDARY)

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

(Signed) Parmer Woodburn, M. D.

..... 191... (Address) Central City 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. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bluff B'd	Apr. 10, 1920
20 UNDERTAKER	ADDRESS
Martin Manse	Central City Ky

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.