

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 17707

1 PLACE OF DEATH

County MuhlenbergVet. Post Abraham

Ino. Town.....

City.....

Registration District No. 1090 1096Primary Registration District No. XX

Registered No.....

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

2 FULL NAME Mrs Ann Vincent

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 Single Married
Married
Widowed Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Nov 8 1920
(Month) (Day) (Year)7 AGE 74 yrs. 8 mos. 7 ds. 7
IF LESS than 1 day..... hrs. or..... min?8 OCCUPATION
(a) Trade, profession or particular kind of work..... None
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Daniel Stewart11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Mary Stewart13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rhea Locke

(Address).....

15 Filed 7/16/25 1925 C. O. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 15 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY That I attended deceased from June 20 1925 to July 12 1925 that I last saw her alive on July 12 1925 and that death occurred on the date stated above at 4 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic Indolent(Duration) 2 yrs. mos. ds.Contributory (Secondary) Dropsey

(Duration) yrs. mos. ds.

(Signed) J. C. Woodburn, M. D.
1925 (Address) Abraham

*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

Cedar Grove Ch July 16 25

20 UNDERTAKER ADDRESS

M. B. McDonald Wrenville Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. AGE should be stated in full. 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.