

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

1 PLACE OF DEATH

County *Jefferson*

2 SEX

3 COLOR OR RACE

4 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

5 REGISTRATION DISTRICT NO.

*2275*

File No. *13112*

Registered No. *1588*

6 DATE OF BIRTH

*April 11<sup>th</sup> 1905*

7 PRIMARY REGISTRATION DISTRICT NO.

*St Joseph Infirmary*

(If death occurred in a hospital or institution give the official record of death and number.)

8 CITY

*Louisville*

9 FULL NAME

*Benjamin Vincent*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

10 TRADE, PROFESSION, OR PARTICULAR KIND OF WORK

*White*

*Single*

16 DATE OF DEATH

*May 2<sup>nd</sup> 1914*

11 AGE

*9 yrs - mos - 21 ds*

IF LESS than 1 day... hrs. or... min.?

17 I HEREBY CERTIFY, That I attended deceased from *May 2*, 1914, to *May 2*, 1914, that I last saw him alive on *May 2*, 1914, and that death occurred on the date stated above at *6:30 p.m.* The CAUSE OF DEATH was as follows:

*Perforative Appendicitis*

12 OCCUPATION

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

13 BIRTHPLACE (State or country)

*Muhlenburg Co. Ky*

(Duration) yrs. mos. ds. *3. 6.*

14 NAME OF FATHER

*Robert Vincent*

(Duration) yrs. mos. ds. *3. 6.*

15 BIRTHPLACE OF FATHER (State or country)

*Muhlenburg Co. Ky*

(Signed) *Ann Miller* N. D. *Mar. 2, 1914* (Address) *Greenville, Ky*

16 MAIDEN NAME OF MOTHER

*Mollie Browning*

18 STATE THE DISEASE CAUSING DEATH, or, in deaths from violent causes state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

17 BIRTHPLACE OF MOTHER (State or country)

*Muhlenburg Co. Ky*

19 IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death... yrs. mos. ds. *1. 6.* In the State... yrs. mos. ds. *1. 6.*

18 IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Robert Vincent*

Where was disease contracted, if not at place of death?

Former or usual residence *Greenville, Ky*

(Address) *Greenville, Ky*

20 PLACE OF BURIAL OR REMOVAL

*Greenville, Ky, May 2<sup>nd</sup> 1914*

19 DATE

20 FILED

*W. E. Gary*

21 UNDERTAKER

*Small Smith's Son, 809 W. Jefferson*

WRITE PLAINLY, WITH WRITING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. All statements should be made EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.