

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 4855

Registered No. _____

1. PLACE OF DEATH
County Middleburg
Vot. Pot. _____
Ino. Town Greenville
City _____ (No. _____ St. _____ Ward _____)Registration District No. 1093
Primary Registration District No. 24362. FULL NAME Bob Vincent
(If death occurred in a hospital or institution, give its NAME instead of street and number)(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 foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH

7. AGE Years Months Days If LESS than 1 day hrs. or min.
598. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

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

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

12. BIRTHPLACE Middleburg13. NAME Burgart Vincent14. BIRTHPLACE Ky.15. MAIDEN NAME Marquette Jarvis16. BIRTHPLACE Ky.17. INFORMANT J. J. Thompson(Address) Greenville Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place East Union Date 1. 27, 193419. UNDERTAKER M. B. McDonald & Co.(Address) Greenville Ky.20. FILED 7-8, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 26, 193422. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933 to Jan 25, 1934I last saw him alive on Jan 12, 1934, death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:Erysipelas Toe10

Date of onset

Contributory causes of importance not related to principal cause:

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? _____ If so, specify _____

(Signed J. C. Woodburn, M. D.)(Address) Greenville Ky

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.