

20713

Form V. S. 1-125m-4-19-19

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

File No. _____
Registered No. 7
(If death occurred in hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County Muhlenberg
City _____ (No. _____ St. _____ Ward _____)
Vol. No. Greenwood Registration District No. 539
Inc. Town _____ Primary Registration District No. _____

2 FULL NAME Bryant Vincent

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the one) <u>Married</u>
6 DATE OF BIRTH <u>Jan 19th 1845</u> (Month) (Day) (Year)		
7 AGE <u>77</u> yrs. <u>7</u> mos. <u>27</u> ds.		IF LESS than 1 day ____ hrs. or ____ min?
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>Farming</u>		
9 BIRTHPLACE (State or country) <u>Ky</u>		
PARENTS	10 NAME OF FATHER <u>Price Vincent</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>	
	12 MAIDEN NAME OF MOTHER <u>Rachael Harper</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 16, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9/11, 1922, to 9/16, 1922, that I last saw him alive on 9/14, 1922, and that death occurred on the date stated above at 57 m.

The CAUSE OF DEATH* was as follows:
Carcinoma of prostate gland

(Duration) ____ yrs. 6 mos. ____ ds.

Contributory Alcoholism
(Secondary) (Duration) ____ yrs. ____ mos. 7 d.

(Signed) T. J. Edge, M. D.
9/16, 1922 (Address) Greenbank

*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 cedar brook cemetery DATE OF BURIAL 9/17, 1922

20 UNDERTAKER R. J. Beard Graham ADDRESS _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. B. Board
(Address) Greenmill #116
Filed 9/17/1922 S. A. Stewart Registrar

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD
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.