

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Mulhearn Co

CERTIFICATE OF DEATH

File No. 30415

Vot. Pct. Brookland

Registration District No. 7140

Registered No. 86

Ino. Town

Primary Registration District No.

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

City Brookland (No. St., Ward)

2 FULL NAME Russell Vincent (7 1/2 months twins)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Nov 29 1913
(Month) (Day) (Year)

DATE OF BIRTH November 29, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1913, to Nov 29, 1913, that I last saw her alive on Nov 29, 1913, and that death occurred on the date stated above at 4 1/2 p.m. The CAUSE OF DEATH* was as follows:
Failure of Larynx
opacities of Glottis
Premature birth
5 mos
(Duration) yrs. mos. ds.

7 AGE TWIN IF LESS than 1 day 5 hrs. or min.?

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

Contributory (SECONDARY) Premature Birth
(Duration) yrs. mos. ds.
(Signed) C. R. Bennett, M. D.
(Address) Brookland

9 BIRTHPLACE (State or country) Brookland, Ky

10 NAME OF FATHER Jess Vincent

11 BIRTHPLACE OF FATHER (State or country) Greenville, Ky

12 MAIDEN NAME OF MOTHER Rosa Lee Harrison

13 BIRTHPLACE OF MOTHER (State or country) Hopkins Co

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rosa Lee Vincent
(Address) Brookland

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

15 Filed 11/29, 1913 J. C. Kemmerly REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Brookland DATE OF BURIAL 11/30/13
20 UNDERTAKER Craft & Spinks ADDRESS Brookland

WRITE PLAINLY, WITH UNFADING INK. BE CAREFULLY SUPPLIED. AGE SHOULD BE USED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN FULL TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.