

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23101

File No. _____

Registered No. 20

1. PLACE OF DEATH

County MadisonVet. Pct. SummersCity Marshall KyRegistration District No. 1096Primary Registration District No. 4839(No. _____ St. _____ Ward _____)
If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Donatley Hill Vincent - Shelbyville(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 of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OF HAIR B 5. Single, Married, Widowed or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH Sept 23, 19357. AGE
Years _____ Months _____ Days _____
If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, surgeon, bookkeeper, etc.

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 Ky13. NAME Carl Vincent14. BIRTHPLACE Ky15. MAIDEN NAME Millie May Woods16. BIRTHPLACE Ky17. INFORMANT Carl Vincent(Address) Greenville Ky Rt 2

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Grove Date 9/2419. UNDERTAKER Shirwell Funeral Home(Address) Shirwell Ky20. FILED Sept 24, 1935 Hubert Craft
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 23, 193522. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1935 to Sept 23, 1935I last saw him alive on _____, 1935, death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:Shelbourn 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

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