

Form V. B. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 88Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Mullensberg
 (b) City or town Greenville
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution:
Mullensberg Community Hospital
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community 30 yrs - 30
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) Kentucky (b) County Mullensberg
 (c) City or town Greenville
 (If outside city or town limits, write RURAL)
 (d) Street No. _____
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Ella Vincent3(b) If veteran, Name war ✓

3(c) Social Security

No. ✓4. Sex F5. Color or race W.6(a) Single, widowed, married, divorced Single6(b) Name of husband or wife ✓6(c) Age of husband or wife if alive ✓ Years7. Birth date of deceased Dec. 17th 1874

(Month)

(Day)

(Year)

8. AGE: Years 69Months 2Days 16

If less than one day

hr. _____ min.

9. Birthplace Mullensberg Co., Ky.10. Usual occupation Housekeeper811. Industry or business ✓

FATHER

12. Name Fineis Vincent13. Birthplace Kentucky

MOTHER

14. Maiden name Elizabeth Hair15. Birthplace Ohio16(a) Informant's own signature Mrs. Joseph Martin(b) Address Greenville, Kentucky

17. BURIAL, CREMATION, OR REMOVAL

Place Earlington Cem. Date Mar. 5, 194418(a) Signature of funeral director Reid Funeral Home(b) Address Earlington, Kentucky19(a) 3-6-44

(Date received by local registrar)

(b) Jeri R. Todd

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21-44 1944

21. I hereby certify that I attended the deceased from 3-25-44
 to 3-4-44 1944, that I last saw him alive on
3-4-44 1944, and that death occurred on the date
 stated above at 9:20 A.M.

Immediate cause of death PneumoniaInfarction Heart Arterial

DURATION

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations 93D-109

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____

(e) Means of injury _____

23. Signature W. Simpson

(M. D. or other)

Address Greenville Ky Date signed 3-4-44

MARGIN RESERVED FOR BINDING

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.