

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County *Muhlenberg*Vol. No. *1* Registration District No. *7134*

Inc. Town..... Primary Registration District No. ....

City..... (No.....) St.,.....

FULL NAME *Ellen Vincent*File No. *17996*Registered No. *7134*

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

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *undiv'd*

6 DATE OF BIRTH *1865 Sept 24 1865*  
(Month) (Day) (Year)

7 AGE *50 yrs. 8 mos. 8 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) *House wife*

9 BIRTHPLACE (State or country) *Muhlenberg Co Ky*

10 NAME OF FATHER *Jacob Schaub*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co Ky*

12 MAIDEN NAME OF MOTHER *Tobia Vincent*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant).....  
(Address).....

15 Filed *June 3, 1917* *S. A. Stewart*  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 26 1917*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Oct*, 1916, to *June 2*, 1917, that I last saw h. *2* alive on *June 2*, 1917, and that death occurred on the date stated above at *2 P. m.* The CAUSE OF DEATH\* was as follows:

*Tuberculosis*  
*Living 2d Bowls*  
(Duration) *5* yrs..... mos..... ds.

Contributory..... (SECONDARY)..... (Duration)..... yrs..... mos..... ds.

(Signed) *J. L. Woodberry*, M. D.  
*June 3, 1917* (Address) *Madland Ky*

\*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. State..... yrs..... mos..... ds.  
In the  
Where was disease contracted, if not at place of death?.....  
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL *Mount Pisgah* DATE OF BURIAL *May 27, 1917*

20 UNDERTAKER ADDRESS

Every item of information should be correctly supplied. All should be in PLAIN, PRINTED CAPITALS. The certificate 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.