

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

1 PLACE OF DEATH

County Muhlenberg Ky

Vet. Pot. M. 2

Registration District No. 2 7122

Ino. Town Brunn Ky

Primary Registration District No. ....

City .....

(No. .... St., .... Ward)

File No. ....

Registered No. 2815

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

3 FULL NAME Emma Vincent

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH Aug 22, 1863  
(Month) (Day) (Year)

7 AGE 33 yrs. 3 mos. 9 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

**PARENTS**  
10 NAME OF FATHER Marion Brown  
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky  
12 MAIDEN NAME OF MOTHER Rebe Hiley  
13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) T. A. Divis  
(Address) Brunn Ky

15 Filed Jan 31, 1914 M. C. Gandy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Jan 31, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1913, to Jan 25, 1914, that I last saw h..... alive on Jan 25, 1914, and that death occurred on the date stated above at 8 P.M. The CAUSE OF DEATH\* was as follows:

Embolic disease  
.....  
..... (Duration) ..... yrs. .... mos. .... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) J. C. Woodburn, M. D.  
Jan 31, 1914 (Address) Brunn 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.  
Where was disease contracted, if not at place of death? .....  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Charles Chapel DATE OF BURIAL Feb 1, 1914

20 UNDERTAKER J. R. Tucker ADDRESS Brunn Ky

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANT RECORD

M. D.—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.