

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20345

1 PLACE OF DEATH
County Muhlenberg
Vet. Post Bremen
Ina. Town _____
City _____

Registration District No. 1086
Primary Registration District No. 6813
(No. _____ St. _____ Ward _____)

File No. _____
Registered No. 12

2 FULL NAME Egypt D Vincent
(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. New long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male
4 COLOR OR RACE White
5 Single Widowed
Married
Widowed
or Divorced
(Write the word)
6a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
6 DATE OF BIRTH Feb 13 1920
(Month) (Day) (Year)
7 AGE 10 yrs. 6 mos. 17 ds.
IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (city or town) _____
(State or country) _____

PARENTS
10 NAME OF FATHER T. B. Vincent
11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) _____
12 MAIDEN NAME OF MOTHER Lilly Walker
13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) _____

14 (Informant) T. B. Vincent
(Address) Bremen

15 Filed Sept 5, 1930 Dollie Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 25 1930
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred on the date stated above at 8:45 am. The CAUSE OF DEATH* was as follows:

Crushed and a fall of travel unavoidable accident

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) R. C. Allen, M.D.
8727, 1930 (Address) Central City Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Mt Cigar DATE OF BURIAL Aug 29, 1930

20 UNDERTAKER J. B. Decker ADDRESS Bremen

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.