Form V. S. 1—125m—6-19-19

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

File No. 7527
Registered No. 8

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

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. Ward C. C.
Inc. Town
City Central City Ky. (No. St., Ward)
Registration District No. 1087
Primary Registration District No. 2435

2 FULL NAME Felix Vincent

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 terms; and OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal
4 COLOR OR RACE: White
5 Single / Married / Widowed / or Divorced (Write the word)

6 DATE OF BIRTH: ..... (Month) ..... (Day) ....., 1 (Year)

7 AGE: 67 yrs. 3 mos. 10 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)

9 BIRTHPLACE (State or country): Ky.

PARENTS

10 NAME OF FATHER: Jubile Vincent
11 BIRTHPLACE OF FATHER (State or country): Ky.
12 MAIDEN NAME OF MOTHER: Isabeth
13 BIRTHPLACE OF MOTHER (State or country): Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. Vincent
(Address) Mercer Ky

15 Filed 1/20, 1924 A. L. Rousseau Registrar

11—3196

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 (Month) 17 (Day), 1924 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1-13, 1924, to 1-17, 1924, that I last saw h.. alive on 1-17, 1924, and that death occurred on the date stated above at 11:50 P.M.

DELAY

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) Arteriosclerosis
(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) W. C. McNeil, M. D.
1-18, 1924 (Address) Central City 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. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: East View — DATE OF BURIAL: January 19th 3
20 UNDERTAKER: Moore Undertaking Co — ADDRESS: Central City