

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 23075
Registered No. 14

1. PLACE OF DEATH

County MuchVot. Pot. Midland Ky

Ine. Town _____

City _____

Registration District No. 1086Primary Registration District No. 6815-(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Gathal 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. Single, Married, Widowed
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH May 8 - 19287. AGE Years 7 Months 7 Days _____ If LESS than
1 day.....hrs.
or.....min.8. Trade, profession, or particular
kind of work done, as spinner,
scayor, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE Ky13. NAME Edmond Vincent14. BIRTHPLACE Ky15. MAIDEN NAME Berdie Russ16. BIRTHPLACE Ky

17. INFORMANT _____

(Address) _____

18. BURIAL, CREMATION, & REMOVAL

Place Cedar Grove Date Sept 5 - 193019. UNDERTAKER J B Tucker(Address) Bremen Ky20. FILED Sept 10, 1930 Dollie Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 4, 193022. I HEREBY CERTIFY, That I attended deceased from
_____ to _____, 1930I last saw him alive on Sept 1, 1930, death is said
to have occurred on the date stated above, at 9 AM.
The principal cause of death and related causes of importance
in order of onset were as follows:CobletsDate of
onsetContributory causes of importance not related to
principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:Accident, suicide, or homicide? _____ date of injury _____ 1930

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) E L Cole, M. D.(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.