

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. 7618  
Registered No. 27

## 1. PLACE OF DEATH

County Spencer

Vet. Post. \_\_\_\_\_

Inc. Town Central City

City \_\_\_\_\_

Registration District No. 1087Primary Registration District No. 2435(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME George 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) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH June 30th 18557. AGE Years 78 Months 8 Days 16 If LESS than 1 day ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

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) 1930 11. Total time (years) spent in this occupation 5 yrs12. BIRTHPLACE Kentucky13. NAME George Vincent14. BIRTHPLACE Kentucky15. MAIDEN NAME Mary Vincent16. BIRTHPLACE Kentucky17. INFORMANT George Vincent(Address) Central City Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Cem Date 3/19/193419. UNDERTAKER J. J. Anderson(Address) Central City Ky20. FILED 3/19, 1934 A. L. Standford  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 18th 193422. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934 to March 18, 1934I last saw him alive on March 12, 1934 at his home is said to have occurred on the date stated above, at 6:45 a. m.  
The principal cause of death and related causes of importance in order of onset were as follows:arteriosclerosis  
6 months  
ago  
Contributory 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 \_\_\_\_\_  
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) J. J. Anderson, M. D.  
(Address) Central City Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH NEADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIAN 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.