

1 PLACE OF DEATH

State Board of Health

BUREAU OF VITAL STATISTICS

File No. _____

County

Muhlenberg

CERTIFICATE OF DEATH

Registered No. 7

Vet. Pat.

MidlandRegistration District No. 1086

Inc. Town

Primary Registration District No. 6815-

City

(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Edw 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 | 4. COLOR OR RACE | 5. Single, Married, Widowed
or Divorced (write the word)MaleWMarried5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days | If LESS than
1 day _____ hrs.
or _____ min.808. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) | 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)KY

13. NAME

George Vincent14. BIRTHPLACE (city or town)
(State or country)KY

15. MAIDEN NAME

Mary Ann Vincent16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)Mat Harper
Central City, R H

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Grove Date Mar 21, 193919. UNDERTAKER
(Address)J B Tucker
Bremen

20. FILED _____, 19____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 20, 1939

22. I HEREBY CERTIFY that I attended deceased from

June, 1937 to Jan 20, 1939I last saw him alive on Jan 20, 1939, death is said
to have occurred on the date stated above, at 4:00 P.M.The principal cause of death and related causes of importance
in order of onset were as follows:CardiacDate 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 _____ 19____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 C Woodburn, M. D.(Address) Cornwall

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and stated EXACTLY. PHYSICIANS and 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.