

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

18667

1 PLACE OF DEATH

County

Muhlenberg

Vet. Pct.

Hillside

Registration District No.

1093 6843

File No.

Registered No.

Inc. Town

Primary Registration District No.

271093

City

(No.

St.

Ward)

2 FULL NAME

Gertie Vincent

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE white  
5 Single Married Widowed or Divorced  
widowed

6 DATE OF BIRTH

July 1, 1926  
(Month) (Day) (Year)

7 AGE

34 yrs. - 15 mos. - 15 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)

Muhlenberg Co. Ky.

10 NAME OF FATHER

Carl Jarvis

11 BIRTHPLACE OF FATHER (State or country)

Muh. Co. Ky.

12 MAIDEN NAME OF MOTHER

Lou Gregory

13 BIRTHPLACE OF MOTHER (State or country)

Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Betty Underwood

(Address) Greenville Ky. R. 1

Filed

7/17/26  
M. B. McDonald Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 16, 1926  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1926, to July 16, 1926, that I last saw her alive on July 10, 1926, and that death occurred on the date stated above at 2900.

The CAUSE OF DEATH was as follows:

Tuberculosis of lungs and throat

(Duration) yrs. 8 mos. ds.

Contributory (Secondary)

(Duration) yrs. 10 mos. ds.

(Signed) S. D. Whitaker M. D.  
July 12, 1926 (Address) Greenville, 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

DATE OF BURIAL

Best Union B. G. July 12, 1926

20 UNDERTAKER

ADDRESS

M. B. McDonald Greenville Ky

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, so that it may be properly classified. Exec. statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR INDEXING