

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15306

PLACE OF DEATH
County Wooldenburg
Vol. Fol. Graham
Inc. Town
City (No. _____) (Ward) _____

Registration District No. 7140
Primary Registration Dist. No. _____

File No. _____
Registered No. 20
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME John H. Vincent

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
DATE OF BIRTH May 30 1844
(Month) (Day) (Year)
AGE 72 yrs. 11 mos. 25 ds. If LESS than 1 day...hrs. or...min.?

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

BIRTHPLACE (State or country) Ky

PARENTS
10 NAME OF FATHER John Vincent
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Lucy Vincent
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) May Kettinger
(Address) Graham Ky

15 5/25 1917
Filed _____ 1917
K. Keener
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 25 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from _____, 191... to _____, 191...
that I last saw him... alive on _____, 191...
and that death occurred, on the date stated above, at Ed.

The CAUSE OF DEATH* was as follows:
Heart disease.
Had no physician. 5 days
probable. Medical registration
(Duration) ... yrs. ... mos. ... ds.

Contributory (occupant) _____ (Duration) ... yrs. ... mos. ... ds.
(Signed) None _____, M. D.
_____, 191... (Address) _____

*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 on RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Cereys DATE OF BURIAL 5/26 1917
20 UNDERTAKER Ch Craft ADDRESS Graham Ky