

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20851

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

County Muhlenberg

Vot. Pot. \_\_\_\_\_

Registration District No. 1093

Inc. Town \_\_\_\_\_

Primary Registration District No. 2436City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Jubel 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. Now long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH Feb 15 18447. AGE Years Months Days If LESS than 1 day ..... hrs. or ..... min.  
90 5 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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 occupation \_\_\_\_\_

12. BIRTHPLACE Muhlenberg Co13. NAME Daniel Vincent14. BIRTHPLACE Ky.15. MAIDEN NAME Caliga Jones16. BIRTHPLACE Ky.17. INFORMANT Pete Vincent(Address) West Interpuss miss

18. BURIAL, CREMATION, OR REMOVAL

Place Chilington Center Dec 2-1 197419. UNDERTAKER M. B. McDonald + Co(Address) Greenville Ky

20. FILED \_\_\_\_\_, 19 \_\_\_\_\_

Registrar,

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7-30, 197422. I HEREBY CERTIFY, That I attended deceased from July 33, 1974 to 7-29-74, 1974.  
I last saw him alive on 7-29-74, 1974, death is said to have occurred on the date stated above, at 8 P. M.  
The principal cause of death and related causes of importance in order of onset were as follows:Pneumonia Bacterial Bronchitis  
Posterior Myocardial Infarction  
Sandwich  
10/16/74

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation none 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 \_\_\_\_\_ 1974  
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 no  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed David L. Simpson, M. D.)(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

Every item of information should be stated EXACTLY. PHYSICIANS 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.

N. B. WRITE PLAINLY, WITH OILING INK—THIS IS A PERMANENT RECORD. It should be carefully supplied.

Dr. Simpson