

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. Exact statement of OCCUPATION is very important.

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 265

Registrar's No. 23159

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Midland
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Muhlenberg
(c) City or town _____
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Leona J. Vincent

3(b) If veteran, _____ 3(c) Social Security _____

Name war _____ No. _____

4. Male 5. Color White 6(a) Single, widowed, married, divorced W.

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Dec 10 - 1856
(Month) (Day) (Year)

8. AGE: 86 Years 10 Months 20 Days
If less than one day hr. min.

9. Birthplace Ky

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name James Vincent Ky
13. Birthplace _____

MOTHER { 14. Maiden name Liza Bruce
15. Birthplace Ky

16(a) Informant's own signature J. W. Vincent

(b) Address Central City Ky

17. BURIAL, CREMATION, OR REMOVAL

Cedar Grove Date 10-31-43

18(a) Signature of funeral director Tracy Lunsford

(b) Address Central City Ky

19(a) 10-30-1943 (Date received by local registrar)
Wm. S. Ballard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1943

21. I hereby certify that I attended the deceased from May 1 1943
to Oct 30 1943, that I last saw him alive on Sept 30 1943, and that death occurred on the date stated above at 1 P. M.

Immediate cause of death Cancer of stomach DURATION _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 7-1-B

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. P. Watton D. M. D.

(M. D. specialty) _____
Address Central City Ky Date signed Oct 30 1943