

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

17782

File No. _____

Registered No. 56**1 PLACE OF DEATH**County Jessamine

Vot. Pct. _____

Registration District No. 1087Inc. Town Central CityPrimary Registration District No. 2435

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)**2 FULL NAME** Marie C. 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 <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Married</u> Widowed or Divorced (Write the word)
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5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH February 4 1879
(Month) (Day) (Year)7 AGE 50 yrs. 4 mos. 18 ds.
IF LESS than 1 day hrs or min?**8 OCCUPATION OF DECEASED**(a) Trade, profession or particular kind of work Agri-cult
(b) General nature of industry, business or establishment in which employed (or employer) leafy plants9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS	10 NAME OF FATHER <u>Frank Vincent</u>
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Kentucky</u>
	12 MAIDEN NAME OF MOTHER <u>Vincent</u>
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Kentucky</u>

14 (Informant) B. Earl Vincent
(Address) Central City Ky15 Filed 6-24, 1929 A. L. Chesford
Registrar**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH June 22, 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 12, 1928, to June 22, 1929, that I last saw him alive on May 27, 1928, and that death occurred on the date stated above at 11 P.M.The CAUSE OF DEATH* was as follows:
Pericious AnemiaContributory (Secondary) _____
(Duration) _____ yrs. mos. ds.18 WHERE WAS DISEASE CONTRACTED
If not at place of death? Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? laboratory(Signed) James Wilson, M. D.6/24, 1929 (Address) Kennelwood 15

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Calvary Cemetery 6/24/192920 UNDERTAKER ADDRESS
W. J. Anderson Central City

WRITE PLAINLY, VITAL STATISTICS 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. See instructions on back of certificate.