

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

27430

County Muhlenberg File No. _____
 Vol. Hillside Registration District No. 1087 Registered No. _____
 Inc. Town _____ Primary Registration District No. 377
 City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME in (end of street and number)

2 FULL NAME Mary Elizabeth Vincent St. _____ Ward _____
 (a) Residence. No. _____ (If nonresident, give city or town and State)
 (Usual place of abode) How long in U.S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single single
 Married
 Widowed
 or Divorced
 (Write the word)

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of _____

6 DATE OF BIRTH Nov 25 1. _____
 (Month) (Day) (Year)

7 AGE 22 yrs. 8 mos. 27 ds. IF LESS than 1
 day _____ hrs
 or _____ min?

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

9 BIRTHPLACE (city or town)
 (State or country) Muhlenberg Co. Ky.

PARENTS
 10 NAME OF FATHER Sam Vincent
 11 BIRTHPLACE OF FATHER (city or town)
 (State or country) Muh. Co. Ky.
 12 MAIDEN NAME OF MOTHER Jessie Riggs
 13 BIRTHPLACE OF MOTHER (city or town)
 (State or country) Ky.

14 (Informant) Noah Russell
 (Address) Marsden, Ky.

15 Filed 10/28 1929 C. B. W. _____
 Registrar
 By M. Waller

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 23, 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
 from Aug 25, 1929 to Sept 23, 1929
 that I last saw h.e. alive on Sept 22, 1929
 and that death occurred on the date stated above at 6 P.M.
 The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
 (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED
 If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. J. Waller M. D.
Sept 24, 1929 (Address) Greenville Ky.

*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 addi-
 tional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Vincent Co. Ky. Sept 24, 1929

20 UNDERTAKER ADDRESS
W. C. McDaniel Greenville Ky.

WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD

15. 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.