

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg	
b. CITY (If outside corporate limits, with SERIAL and OR TOWN R-1, Bremen, Ky.)		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		e. CITY OR TOWN Greenville, Ky. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Jane c. (Last) Vincent		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Month) Widowed	8. DATE OF BIRTH Oct. 22, 1873
9. AGE (in years and months) 86		10. KIND OF BUSINESS OR INDUSTRY 00	
10a. USUAL OCCUPATION (give kind of work done by usual or regular hours) Housewife		11. BIRTHPLACE (State or foreign country) Kentucky	
13. FATHER'S NAME Lewis McElwain		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED (Yes, no, or unknown) no	
16. EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral hemorrhage		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions, if any, which gave rise to above cause (a) during the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility 443X	
DUE TO (c) Arteriosclerosis		20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
21b. TIME OF INJURY Hour Month, Day, Year		21a. DESCRIBE HOW INJURY OCCURRED (Under nature of injury in Part I or Part II of item 18.)	
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21e. CITY, TOWN, OR LOCATION		COUNTY STATE	
22. I hereby certify that I attended the deceased from 3-14, 1959 to Dec 19, 1959 , that I last saw the deceased alive on Dec 17, 1959 , and that death occurred at 1 p.m. , from the causes and on the date stated above.			
23a. DATE SIGNED 12-29-59		23b. ADDRESS Greenville, Ky	
23c. SIGNATURE Theron H Woodruff, MD. (Deacon or Minister)		23d. NAME OF CEMETERY OR CRYPTORY Ordinary Grove Cem.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 20, 1959	
24c. LOCATION (City, town, or village) Muhlenberg Co.--Kentucky		24d. FUNERAL DIRECTOR ADDRESS Gary's Funeral Home--Greenville, Ky	
25a. DATE REC'D BY LOCAL REG. 1-4-60		25b. REGISTRAR'S SIGNATURE Marjorie Halge	