

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. All 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. HEALTH TO STATISTICAL

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
City Central City
Ino. Town Central City
City (No. St., Ward)

Vet. Pot. #18
Registration District No. 870
Primary Registration District No. 2485

File No. 7983
Registered No. 22

[If death occurred in a hospital or institution, give its NAME (instead of street and number.)

2 FULL NAME Mary F Vincent

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married.
(Write the word)

6 DATE OF BIRTH July 8th, 1861
(Month) (Day) (Year)

7 AGE 53 yrs. 7 mos. 27 ds.
IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co - Ky

PARENTS

10 NAME OF FATHER Daniel Vincent

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER Eliza James

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W H Vincent
(Address) Central City

15 Filed April 1, 1915 A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 5th 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1915, to March 5th, 1915, that I last saw her alive on March 5th, 1915, and that death occurred on the date stated above at 8 A.M. The CAUSE OF DEATH* was as follows:

Pneumonia
3
..... (Duration) yrs. mos. 5 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. P. Walton, M. D.
March 6, 1915 (Address) Central City, Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Vincent Grange, d DATE OF BURIAL 3/5, 1915

20 UNDERTAKER Martin Moore ADDRESS Central City