

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10247

1. PLACE OF DEATH

County MuhlenbergVet. Post. Powderly

Ino. Town _____

Registration District No. 1493Primary Registration District No. LS29

City _____

(No. _____ St., _____ Ward)

St., _____ Ward)

File No. _____

Registered No. _____

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

2. FULL NAME Melvin Vincent

(a) Residence. No. _____ St., _____ Ward

(Usual place of abode)

Ward _____

(If nonresident, give city or town and State)

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

yrs.

mos.

ds.

Now long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE white5. Single, Married, Widowed
or Divorced (write the word)
Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH Nov-15-1906

7. AGE

Years 28Months 3Days 28If LESS than
1 day hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Miner9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____

MOTHER/FATHER

12. BIRTHPLACE Muhlenberg Co. Ky13. NAME Ben. Vincent14. BIRTHPLACE Muhlenberg Co. Ky15. MAIDEN NAME Ernie Browning16. BIRTHPLACE Muhlenberg Co. Ky17. INFORMANT Hermon M. Apt. 74(Address) Greenville 74 71

18. BURIAL, CREMATION, OR REMOVAL

Place Paragon, Pa.Date April 14, 193419. UNDERTAKER J. B. McDonald & Co.(Address) Greenville 7420. FILED 4-14-34

1934

O. B. _____

Registrar,

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 13, 193422. I HEREBY CERTIFY, That I attended deceased from
Jan, 1934, to April 18, 1934.I last saw him alive on April 13, 1934, death is said
to have occurred on the date stated above, at 3 2 m.
The principal cause of death and related causes of importance
in order of onset were as follows:Tuberculosis Lungs
& BowelsDate of
onsetContributory causes of importance not related to
principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? _____ date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? _____ If so, specify _____(Signed) O. Cannon Linn, M. D.(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH VISIBLE INK—THIS IS A PERMANENT RECORD. I should be carefully supplied. 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.

Every item of information
on this certificate is a state CAUSE OF DEATH in
state CAUSE OF DEATH is very important. See instructions.