

Waltar

Form V. S. 1-B-100m-9-9-30

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

File No. 15569
Registered No. 66

1 PLACE OF DEATH
County Muhlenberg

Vet. Pat. _____
Inc. Town Central City

Registration District No. 1087
Primary Registration District No. 2/35

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Vincent

(a) Residence. No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
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 M. 4. COLOR OR RACE W. 5. Single, Married, Widowed or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of Nov 28 - 1866 (or) WIFE of _____

8. DATE OF BIRTH (month, day, and year) _____
7. AGE Years Months Days If LESS than 1 day _____ hr. or _____ min.
68 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ky. (State or country)

13. NAME Edwin Vincent

14. BIRTHPLACE (city or town) Ky. (State or country)

15. MAIDEN NAME Nancy Watkins

16. BIRTHPLACE (city or town) Ky. (State or country)

17. INFORMANT Buck High (Address) Central City, Ky.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Pleasant Date 6/23, 1935

19. UNDERTAKER J B Tucker (Address) Central City, Ky.

20. FILED 6/23, 1935 A. B. Blair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/22, 1935
22. I HEREBY CERTIFY, That I attended deceased from _____, 1935 to _____, 1935

I last saw him alive on _____, 1935 death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Chorea of Willis
Date of onset _____
Contributory 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 _____ 1935
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? Yes If so, specify _____
(Signed) J. B. Tucker M. D.
(Address) Central City, Ky.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—CAUSE OF DEATH IN should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.