

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3946
2

File No. _____

Registered No. 4

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

1 PLACE OF DEATH

County MuhlenbergCity Midland

Inc. Town _____

City _____

Registration District No. 1086Primary Registration District No. 6815

(No. _____ St. _____ Ward _____)

2 FULL NAME Mr. Wiley Vincent

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single W.
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH _____
(Month) (Day) (Year)7 AGE 56 yrs. 11 mos. 9 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work House Work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) _____

PARENTS

10 NAME OF FATHER Eleven Walker

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER Nancy Wisner13 BIRTHPLACE OF MOTHER (State or country) Via

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Opie Vincent(Address) Bremen Ky15 Filed Feb. 11, 1929 Dollie Roberts Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 16, 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 17, 1929, that I last saw h.c. alive on Nov. 25, 1929, and that death occurred on the date stated above at _____ m.The CAUSE OF DEATH was as follows:
Nephritis Chronic
(Duration) _____ yrs. _____ mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) L. E. Woodburn, M. D.
Jan 16, 1929 (Address) Bremen 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, Transients 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 DATE OF BURIAL

W. T. Pugh Jan 19, 1929

20 UNDERTAKER ADDRESS

J. B. Bricker Bremen Ky

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

N. 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.