

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 16 26286

## 1 PLACE OF DEATH

County MadisonVot. Pat. WilsonRegistration District No. 1095

Registered No. \_\_\_\_\_

Inc. Town \_\_\_\_\_ Primary Registration District No. 19City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Frank Vincent(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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 Male 4 COLOR OR RACE White 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH July 17 1883  
(Month) (Day) (Year)7 AGE 88 yrs. 4 mos. 10 ds. If less than 1  
day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or  
particular kind of work \_\_\_\_\_  
(b) General nature of industry,  
business or establishment in  
which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) N.Y.  
(State or country)PARENTS  
10 NAME OF FATHER John Vincent  
11 BIRTHPLACE OF FATHER (city or town) N.Y.  
(State or country)  
12 MAIDEN NAME OF MOTHER Abbie Elizabeth King  
13 BIRTHPLACE OF MOTHER (city or town) N.Y.  
(State or country)14 (Informant) Mr. Frank Vincent  
(Address) Wilson Ky.15 Filed 11/23 1927 Dew Napier  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 22 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from Nov 10 1927, to Nov 22 1927,  
that I last saw her alive on Nov 16 1927,  
and that death occurred on the date stated above at 12 m.  
THE CAUSE OF DEATH was as follows:  
Broncho-Pneumonia

Contributory (Secondary) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? at homeDid an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) Dr. J. H. Hall M. D.Nov 22 1927 (Address) Central City Ky\*State the Disease Causing Death, or, in deaths from Violent  
Causes, state (1) Means and nature of Injury; and (2) whether  
Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Elizabeth Vincent Cem. Nov 22 1927

20 UNDERTAKER ADDRESS

Arthur L. Masley Central City 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.

KANSAS EXERCISE FOR EXERCISE