

29694

## COMMONWEALTH OF KENTUCKY

State File No. \_\_\_\_\_

Department of Health

Registrar's No. 413

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the CensusRegistration District No. 1115 Primary Registration District No. 425

1. PLACE OF DEATH: (a) County Muhlenberg (b) City or town Bremen Rural (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED: (a) State Ty (b) County Muhlenberg (c) City or town Bremen Rural (If outside city or town limits, write RURAL)  
(d) Street No. \_\_\_\_\_ (If rural give precinct)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME Orvil Wilson Vincent

3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced married6(b) Name of husband or wife Kenneth6(c) Age of husband or wife if alive 30 Years7. Birth date of deceased July 6 - 1907  
(Month) (Day) (Year)8. AGE: 33 Years 4 Months 28 Days If less than one day hr. min.9. Birthplace Muhlenberg Co Ty10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

FATHER { 12. Name R W Vincent  
13. Birthplace Muhlenberg TyMOTHER { 14. Maiden name Annie Gish  
15. Birthplace Muhlenberg Ty16(a) Informant's own signature Floyd K. Vincent(b) Address Bremen Ty17. FUNERAL, CREMATION OR BURIAL Shower's Chapel 12-5-4018(a) Signature of funeral director F. B. Buckner(b) Address Bremen Ty19(a) Dec 15 1940 (Date received by local registrar) (b) F. B. Buckner (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 194021. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date stated above at 8 A.Immediate cause of death Shot self through chest with 20 gauge shot  
Due to gun accident

DURATION

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 12-6-1940  
(c) Where did injury occur? in or about home, on farm, in industrial place in public place? on farm (Specify type of place)While at work? no (e) Means of injury gun23. Signature Laurie Bryan (M. D. or M. P. H.)  
Address Central City Date signed 12-4-40

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.