

CERTIFICATE OF DEATH

23109

File No. _____

Registered No. 88

1. PLACE OF DEATH

County Muhlenberg

Vot. Pat. _____

Registration District No. 1087Inc. Town. Central CityPrimary Registration District No. 2435

City _____

(No. _____ St. _____ Ward _____)

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

2. FULL NAME Perry Vincent(a) Residence. No. _____
(Usual place of abode)St. _____ Ward _____
(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 M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Widower

6. DATE OF BIRTH

7. AGE Years Months Days IF LESS than
75 4 12 1 day.....hrs.
or.....min.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, sawmill, bank, etc. Coal mines
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Muhlenberg Ky.13. NAME Price Vincent14. BIRTHPLACE Ky.15. MAIDEN NAME Bechtel Harpes16. BIRTHPLACE Muhlenberg Ky.17. INFORMANT Mal. Lissie J. Harpes
(Address) Central City Ky. R. 118. BURIAL, CREMATION, OR REMOVAL
Place Cedar Grove Date Sept 1, 192519. UNDERTAKER M. B. McDonald & Co
(Address) Greenville Ky.20. FILED 8-31, 1925 A. L. Standford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 31, 1925

22. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:10 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:Apoplexy 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 _____
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) Laurie Bryan
(Address) Central City Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY IN FADING INK—This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.