

15567

File No. _____

Registered No. 48

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1093

Primary Registration District No. 2436

Form V. S. 1-A

1. PLACE OF DEATH

County Spencer

Vet. Post Greenville

Inn. Town _____

City _____

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

2. FULL NAME

Riley E. 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. New 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, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____

6. DATE OF BIRTH Sept 17 - 1870

7. AGE Years 64 Months 8 Days 26 IF LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, seaman, bootmaker, etc. Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) 6/17/25 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE

Kentucky

FATHER 13. NAME John E. Vincent

14. BIRTHPLACE Kentucky

MOTHER 15. MAIDEN NAME Martha A. Jones

16. BIRTHPLACE Kentucky

17. INFORMANT Harvey Vincent
(Address) Central City Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Springs Date 6/13/25

19. UNDERTAKER J. R. Waller
(Address) Central City Ky.

20. FILED 6-13-25 R. P. Crumble

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 12th, 1925

22. I HEREBY CERTIFY That I attended deceased from June 12, 1925 to June 12, 1925
I last saw him alive on June 11, 1925 at 10:00 a.m.
Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

apoplexy

Contributory causes of importance not related to principal cause:

arterio-sclerosis

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 _____ 19____
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) J. R. Waller, M. D.

(Address) Central City, Ky.

DR. Every item of information should state CAUSE OF DEATH in full. PHYSICIANS should state CAUSE OF DEATH in full. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR PERMANENT RECORDS

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.