

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

20742

3

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

Registered No. 13

## 1 PLACE OF DEATH

County MuhlenbergVot. Pct. Brennan

Inc. Town \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 1086Primary Registration District No. 0813

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

2 FULL NAME Robert A 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 White4 COLOR OR RACE White5 Single Single  
Married  
Widowed  
or Divorced  
(Write the word)

5a If married, widowed, or divorced

HUSBAND of  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH Jan 19 1919

(Month)

(Day)

(Year)

7 AGE 15 yrs. 7 mos. 15 ds.IF LESS than 1  
day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scholar

(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country)

PARENTS

10 NAME OF FATHER R. B. Vincent11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_  
(State or country)13 MAIDEN NAME OF MOTHER Lilly W. Vincent13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_  
(State or country)

14

(Informant) R. B. Vincent(Address) Brennan

15

Filed Sept 8 1930Dollie Robertson

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 27 1930  
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended 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.M.

The CAUSE OF DEATH\* was as follows:

Crushed under a fall of gravel  
unavoidable accidentPresent (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory  
(Secondary)

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

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) R. H. Allen, M.D.2727, 1930 (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 St. Pisgah DATE OF BURIAL Aug 29 193020 UNDERTAKER J. W. TuckerADDRESS Brennan

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 text, so that it may be properly classified. Exact treatment of OCCUPATION is very important. See instructions on back of certificate.

KENTUCKY DEPARTMENT OF HEALTH