

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Greenfield
(If outside city or town limits, write 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 Ky. (b) County Madison

(c) City or town Greenfield
(If outside city or town limits, write RURAL.)

(d) Street No. North East Boggs
(If rural give precinct)

(e) If foreign born, how long in U. S. A? Route #1 year

3(a) FULL NAME Robert C. Vincent

3(b) If veteran, _____ 3(c) Social Security No. _____

Name was W _____

4. Sex M Color or race W 6(a) Single, W married, divorced

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Aug 6, 1864
(Month) (Day) (Year)8. AGE: Yrs 81 Mo 3 Ds 23 If less than one day hr. _____ min.9. Birthplace Ky

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name John Vincent13. Birthplace KyMOTHER { 14. Maiden name Unknown

15. Birthplace _____

16(a) Informant's own signature _____

(b) Address _____

17. BURIAL, CREMATION, OR REMOVAL Urgent Date 11/30/4518(a) Signature of informant Therese Vincent(b) Address Greenfield Ky19(a) 12-1-45 (Date received by local registrar) (b) Marie K. Hoge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29, 1945

21. I hereby certify that I attended the deceased from Nov 20, 1945 to Nov 29, 1945, that I last saw him alive on Nov 28, 1945 and that death occurred on the date stated above at 4 P.

Immediate cause of death Bronchial pneumonia

Due to _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature L. G. Legabrite, M.D. (M. D. or other)Address Greenfield Ky Date signed 11/30/45

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.