

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116 52 15595  
REGISTRAR'S NO. 177

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <i>Muhlenberg</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Ky</i> b. COUNTY <i>Muhl.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Bremen</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Bremen Ky</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <i>Sophia</i> b. (Middle) <i>Elizabeth</i> c. (Last) <i>Vincent</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 28 - 52</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan 22 - 1876</i>
9. AGE (In years last birthday) <i>76</i>	If Under 1 Year Months <i>5</i> Days <i>7</i>	If Under 24 Hrs Hours <i>4</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>88</i>	11. BIRTHPLACE (State or foreign country) <i>Ky</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Thomas M. Ray</i>	14. MOTHER'S MAIDEN NAME <i>Caryn Miller</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Lila Vincent</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fractured lip died from exhaustion</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>9030 - 141 - 205</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE <i>accident</i> HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Bremen Muhl. Ky</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>4 - 4 - 52 m.</i>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Fell in bedroom</i>	
22. I hereby certify that I attended the deceased from <i>4-4-52</i> to _____, 19____, that I last saw the deceased alive on <i>June 28</i> , 1952, and that death occurred at <i>1:30 p.m.</i> from the causes and on the date stated above.			
23a. DATE SIGNED <i>July 11 52</i>	23b. ADDRESS <i>Central City Ky</i>	23c. SIGNATURE (Degree or title) <i>J. T. Patton MD</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>6-30-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Thomas Chapel</i>	24d. LOCATION (City, town, or county) (State) <i>Bremen Ky</i>
25a. DATE REC'D BY LQCA REG. <i>7-16-52</i>	25b. REGISTRAR'S SIGNATURE <i>Marguerite Holzer</i>	25c. FUNERAL DIRECTOR ADDRESS <i>Tricker Funeral Home Central city Ky</i>	