

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17439

File No. _____

Registered No. _____

1. PLACE OF DEATH
County Wendellburg
Vet. Pat. W. A. Boyce
Inc. Town _____

Registration District No. 1093
Primary Registration District No. LS35

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

2. FULL NAME J. J. Vincent
(a) Residence No. _____ 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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____
6. DATE OF BIRTH April 8 1917
7. AGE Years 15 Months 3 Days 17 If LESS than 1 day hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, 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) _____ 11. Total time (years) spent in this occupation _____

MOTHER/FATHER 12. BIRTHPLACE Ky
13. NAME Jubile Vincent
14. BIRTHPLACE Ky
15. MAIDEN NAME Haddie Curtis
16. BIRTHPLACE Ky

17. INFORMANT Jubile Vincent
(Address) Greenville R. 1

18. BURIAL, CREMATION, OR REMOVAL
Place Vincent Date 7-24 1932

19. UNDERTAKER Wm. B. McDonald
(Address) Greenville R. 1

20. FILED 7-24 1932
C. B. Whitliffe, Registrar
By M. Wells

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7/23 1932
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 _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

Accidental Drowning 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 _____ 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 drowning in a small pond

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) R. G. Allen Coroner
(Address) Central City Ky

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GRADE. Exact statement of OCCUPATION is very important. See instructions on back of certificate.