

1 PLACE OF DEATH

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

21583

County of Muhlenberg Registration District No. 2130 P

Vol. No. 15 Primary Registration District No. _____

Inc. Town Cleaton, Ky. (No. _____) (St. _____) (Ward _____)

City _____ (No. _____) (St. _____) (Ward _____)

File No. _____

Registered No. 28

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

2 FULL NAME William Heald Vincent

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
6 DATE OF BIRTH <u>January 23, 1916</u>	(Month) (Day) (Year)	
7 AGE <u>6</u> yrs. <u>6</u> mos. <u>12</u> da.	IF LESS than 1 day... hrs. or... min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed (or employer) <u>none</u>		
9 BIRTHPLACE (State or country) <u>Ky.</u>		
PARENTS	10 NAME OF FATHER <u>William Vincent</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Paula Queen</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Vincent
(Address) Cleaton, Ky.

15

Filed Aug 5, 1916 W. F. G. Cooper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 5, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1916 to Aug 5, 1916, that I last saw him alive on April 1, 1916, and that death occurred on the date stated above at 11:00 a.m. THE CAUSE OF DEATH* was as follows:
marasmus

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ da.
(Signed) W. F. G. Cooper M. D.
Aug 5, 1916 (Address) Cleaton, Ky.

*BRIEFLY STATE THE DISEASE CAUSING DEATH, OR, IN DEATHS FROM VIOLENT CAUSES STATE (1) YEARS OF INJURY; AND (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ da. State _____ yrs. _____ mos. _____ da.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Wickliffe, Ky. DATE OF BURIAL Aug 6, 1916

20 UNDERTAKER J. L. Thomas ADDRESS Cleaton