

Department of Health  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

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

Registered No. 38
 PLACE OF DEATH  
 County Muhlenberg  
 Vol. Pat. \_\_\_\_\_ Registration District No. 1085  
 Inc. Town Central City Ky Primary Registration District No. 2435  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME William H. Vincent IF VETERAN, WHAT WAR? \_\_\_\_\_(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 M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) \_\_\_\_\_

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH March 27-18577. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
81 10 218. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 79. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

## 12. BIRTHPLACE \_\_\_\_\_

FATHER 13. NAME John Vincent14. BIRTHPLACE Ky.MOTHER 15. MAIDEN NAME Wright16. BIRTHPLACE Ky.17. INFORMANT John M. Roy  
(Address) Central City Ky.18. BURIAL, CREMATION OR REMOVAL  
Place Vincennes, Ind. Date Jan 30, 193919. UNDERTAKER J. B. Tucker  
(Address) Bremen, Ky.20. FILED Jan. 30, 1939 James Oates  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 29, 193922. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1938 to \_\_\_\_\_, 1939  
Last saw him alive on Jan 28, 1939 death is certified 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:

	Date of onset
<u>Arteriosclerosis</u>	
<u>97</u>	
Contributory causes of importance not related to principal cause: <u>Arteriosclerosis</u>	

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If no, specify 3155(Signed) D. H. Crowder M. D.(Address) Central City Ky

MARGIN RESERVED FOR BINDING

N. S. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.