

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Luzerne  
23262

## 1 PLACE OF DEATH

County MuhlenbergVot. Pct. East BoonesRegistration District No. 871

File No. ....

Registered No. ....

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

Inc. Town..... Primary Registration District No. 7152

City..... (No. .... St., .... Ward)

2 FULL NAME Quentin Lee Vincent

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 Single Single  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Aug 21, 1920  
(Month) (Day) (Year)7 AGE 1 yrs. 1 mos. 0 ds. IF LESS than 1 day 0 hrs. or 0 min?8 OCCUPATION  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Jubal Vincent11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Nattie Antle13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Will Vick  
(Address) Greenville, Ky15 Filed Sept 30, 1920 C. B. H. K. S. H.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 26, 1920  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1920, to Sept 26, 1920, that I last saw him alive on Sept 1, 1920, and that death occurred on the date stated above at 4 a.m.

The CAUSE OF DEATH\* was as follows:

malassimilationContributory menstrual labor  
(Secondary)(Duration) 1 yrs. 1 mos. 0 ds.(Signed) D. W. F. S. H., M. D.9/26, 1920 (Address) Luzerne, Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place 1 yrs. 1 mos. 0 ds. In the State 1 yrs. 1 mos. 0 ds.  
Where was disease contracted,

if not at place of death?.....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

WRITE PLAIN 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. Do not state statement of OCCUPATION is very important. See instructions on back of certificate.