

**COPY OF CERTIFICATE OF DEATH
State of Rhode Island**

1. NAME OF DECEASED (Type or print) William Miller Vinton			2. DATE OF DEATH 9 3 1893		
3. PLACE OF DEATH a. COUNTY			4. USUAL RESIDENCE (Where deceased lived. If institution- a. STATE 4b. COUNTY		
3b. CITY, TOWN OR LOCATION Pawtucket		3c. LENGTH OF STAY IN-3b.	4c. CITY, TOWN, OR LOCATION		
3d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			4d. STREET ADDRESS		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Month 4 Days 4 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Law Student		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Winthrop, Mass.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Porter M. Vinton		13b. FATHER'S BIRTHPLACE	14a. MOTHER'S MAIDEN NAME Sophonra L.		14b. MOTHER'S BIRTHPLACE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cholera Morbus						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE HAMMERMILL SENTRY SAFETY				22b. ADDRESS		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR ADDRESS LICENSE NUMBER		25. DATE REC'D. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Alden W. Sibley			

I hereby certify that the foregoing is a true copy.

PLACE WHERE INFORMATION IS FILED State Office, Providence,		RHODE ISLAND		Not required at filing date but was probably filed during year of event or early in the following year.	
THIS COPY ISSUED		SIGNATURE OF REGISTRAR		year	