

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

16564

PLACE OF DEATH  
County *Muhlenberg*

Vol. No. *25*

Registration District *1094*

File No. ....

Inc. Town .....

Primary Registration District *1094*

Registered No. *1*

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

City .....

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

FULL NAME *Clay Paterson*

**PERSONAL AND STATISTICAL PARTICULARS**

SEX *Male* COLOR OR RACE *Caucasian* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*  
(Write the word)

DATE OF BIRTH ..... 1 .....  
(Month) (Day) (Year)

AGE *25* yrs. .... mos. .... ds. IF LESS than 1 day ... hrs. or ... min.?

OCCUPATION (a) Trade, profession, or particular kind of work. *Coal Miner*  
(b) General nature of industry, business or establishment in which employed (or employer) .....

BIRTHPLACE (State or country) *Ky*

10 NAME OF FATHER *Bob Paterson*

11 BIRTHPLACE OF FATHER (State or country) *VA*

12 MAIDEN NAME OF MOTHER *Hester Brown*

13 BIRTHPLACE OF MOTHER (State or country) .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Dennis Jones*  
(Address) *Weldon*

15 Filed *July 5, 1922* *Weldon*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH *July 4, 1922*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 191....., to ..... 191....., that I last saw him ..... alive on ..... 191....., and that death occurred on the date stated above at *11* p.m. The CAUSE OF DEATH\* was as follows:  
*Gunshot*

..... (Duration) ..... yrs. .... mos. .... ds.

Contributory (secondary) .....

(Signed) *J.R. Cassin* *Cyrus*  
..... 191... (Address) *Celina, 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 of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL *Weldon* DATE OF BURIAL *July 5, 1922*

20 UNDERTAKER *Ed Garg* ADDRESS *Greenwell 13*

Every item of information should be carefully checked. AGE should be stated exactly. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be present. OCCUPATION is very important. See instructions on back of certificate.