

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistrar's No. 79Registration District No. 960Primary Registration District No. 6971

1. PLACE OF DEATH:

(a) County McLean
(b) City or town Island Ky.
(c) Name of hospital or institution:
(If outside city or town limits, write RURAL)

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Mull.
(c) City or town Central City Ky.
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ year3(a) FULL NAME Alice Patterson

3(b) If veteran, _____

3(c) Social Security

Name was _____

No. _____

4. Female 5. Color or race White 6(a) Single, widowed, married, divorced w.

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased April 9 - 1861 (Month) (Day) (Year)8. AGE: 85 5 14 If less than one day hr. min.9. Birthplace Island Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name Samuel Crumbaker13. Birthplace Unknown

MOTHER

14. Maiden name Nancy Oveshultz Ky

15. Birthplace _____

16(a) Informant's own name Miss Lovie Gish(b) Address Central City Ky.

17. BURIAL, CREMATION, OR REMOVAL

burial Date Sept 24, 194618(a) Signature of funeral director W. E. Tucker(b) Address Central City Ky.19(a) 10-4-1946 (Date received by local registrar) (b) T. L. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 194621. I hereby certify that I attended the deceased from May 1946 to Sept 23 1946, that I last saw him alive on Aug 26 1946 and that death occurred on the date stated above at 4 A M.Immediate cause of death Coronary occlusion

DURATION

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations 9-11

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____

(e) Means of injury _____

23. Signature J. P. Walker M.D.

(M. D. or other)

Address Central City Ky. Date signed 9-23-46

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH NON-FADING 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. Exact statement of OCCUPATION is very important.