

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Central City
(c) Name of hospital or institution: Muhlenberg County Hospital
(d) Length of stay: In hospital 01 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Muhlenberg
(c) City or town Central City
(d) Street No. _____ (If rural give precinct)
(e) If foreign born, how long in U. S. A? _____ years

3(a) FULL NAME Rayden Patten

3(b) If veteran, Name war _____ 3(c) Social Security No. 44-1-2924

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

6(b) Name of husband or wife _____

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

7. Birth date of deceased 12 (month) 9 (day) 1892 (year)

8. AGE: 52 Years 6 Months 22 Days If less than one day hr. _____ min.

9. Birthplace Kentucky

10. Usual occupation Lead Mines

11. Industry or business Lead Mines

FATHER { 12. Name Garry Patten

13. Birthplace Ky

MOTHER { 14. Maiden name Genevieve Patten

15. Birthplace Ky

16(a) Informant's full name Rayden Patten

(b) Address Central City Ky

17. BURIAL, CREMATION, OR REMOVAL One Hill Camp Date 8-8-1945

18(a) Signature of funeral director J.P. Anderson

(b) Address Central City Ky

19(a) 9-4-45 (Date received by local registrar) (b) Mercurie Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1945

21. I hereby certify that I attended the deceased from Aug 3-45 to Aug 4th. 1945 that I last saw him alive on Aug 4th 45 and that death occurred on the date stated above at 12 P M.

Immediate cause of death Fractured Cervical vertebra DURATION _____
Due to Falling slate in Coal Mines.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 174

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? _____

While at work? yes (Specify type of place) Coal Mine

23. Signature J.P. Walton (M. D. or other)

Address Central City, Ky. Date signed 9/9/45

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING 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.