

6.2.11 17609

Form V. S. 1-15m-4-19-19

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.
Registered No. 657

PLACE OF DEATH
County Magoffin
City Princeton
Inc. Town
St. Ward

Registration District No. 570
Primary Registration District No. 265

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

2 FULL NAME James R. Patterson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word)

16 DATE OF DEATH Aug. 15th, 1922
(Month) (Day) (Year)

6 DATE OF BIRTH Mar 26, 1888
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1919, to Aug 15, 1922, that I last saw him alive on Aug 15, 1922, and that death occurred on the date stated above at 11:15 p.m.

7 AGE 89 yrs. 4 mos. 19 ds. IF LESS than 1 day hrs. or min?

THE CAUSE OF DEATH* was as follows:
Coronary artery (non traumatic)
myocardium

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

(Duration) 2 yrs. mos. ds.

9 BIRTHPLACE (State or country) Scotland

Contributory (Secondary) General arteriosclerosis

10 NAME OF FATHER Andrew Patterson

(Signed) Charles E. Vance, M. D.
Aug 16, 1922 (Address) Lex. Ky.

11 BIRTHPLACE OF FATHER (State or country) Scotland

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

12 MAIDEN NAME OF MOTHER Janet Kennedy

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

13 BIRTHPLACE OF MOTHER (State or country) Scotland

at place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted,

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Puleard

If not at place of death?
Former or usual residence

(Address) Lex. Ky.

19 PLACE OF BURIAL OR REMOVAL Princeton Cemetery DATE OF BURIAL Aug 18, 1922

15 W. H. Hubert REGISTERED
Filed 8/18, 1922

UNDERTAKER H. R. McIlwain ADDRESS Lex. Ky.

4049
10-19-22

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.