

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

PLACE OF DEATH
County Muhlenberg
Vol. No. Hill Side #46
Inc. Town _____
City _____ (No. _____ St., _____ Ward)

File No. 27827
Registered No. 38
(If death occurred in a hospital or other institution, give its NAME and street and number)

FULL NAME Jennie E. Patterson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

DATE OF BIRTH May 5, 1857
(Month) (Day) (Year)

AGE 56 yrs. 5 mos. 10 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Muhlenberg Co Ky.

PARENTS
10 NAME OF FATHER J. M. Pitman
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER May Pitman
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. B. Pitman
(Address) Meran Ky.

Filed Oct 15, 1913 Wm. W. H. Hays
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 19, 1913, to Oct 15, 1913, that I last saw her alive on Oct 15, 1913, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) _____
(Duration) yrs. mos. ds.
(Signed) J. P. Walton M. D.
Oct 18, 1913 (Address) Central City, 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 _____

PLACE OF BURIAL OR REMOVAL Graves B. Ground DATE OF BURIAL Oct 16, 1913

UNDERTAKER Martin Moore ADDRESS Central City

2. B.—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 amount of OCCUPATION is very important. See instructions on back of certificate.