

## 1. PLACE OF DEATH

County MuhlenbergVot. Prec. A 32Inc. Town Drakesboro

City \_\_\_\_\_

Registration District No. 1085Primary Registration District No. 2437(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Leslie Patterson(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>Col</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH <u>not known about 1874</u>		
7. AGE <u>about 62</u>	Years _____ Months _____ Days _____	If LESS than 1 day.....hrs. or.....min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. _____		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Coal mines</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE <u>Ky.</u>		
13. NAME <u>Charlie Patterson</u>		
14. BIRTHPLACE <u>Ky.</u>		
15. MAIDEN NAME <u>not known</u>		
16. BIRTHPLACE <u>not =</u>		
17. INFORMANT <u>Mary Cunningham</u> (Address) <u>Drakesboro</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Boulder</u> Date <u>6-20</u> , 19 <u>36</u>		
19. UNDERTAKER <u>Arthur T. Mosley</u> (Address) <u>Central City Ky.</u>		
20. FILED <u>6-25</u> , 19 <u>36</u> <u>J. K. ...</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ death is said to have occurred on the date stated above, at 10:30 P.M.  
The principal cause of death and related causes of importance in order of onset were as follows:Myocarditis Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19\_\_\_\_Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Loyd B. Bryan, M. D.(Address) Central City

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. PHYSICIAN 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.