

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

1 PLACE OF DEATH

County Fayette

Vol. No. ....

Inc. Town .....

City .....

2 FULL NAME

Lucilia wing Patterson

Registration District No. 330

Primary Registration District No. 2165

(No. State University Grounds Ward)

File No. .... 21620

Registered No. .... 752

[If death occurred in a hospital or institution give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH April 19, 1828  
(Month) (Day) (Year)

7 AGE 87 yrs. 4 mos. 22 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Chas. F. Wing

11 BIRTHPLACE OF FATHER (State or country) Massachusetts

12 MAIDEN NAME OF MOTHER Anne Campbell

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas. H. Patterson  
(Address) Lex. Ky.

15 Filed Sept 17, 1915 W. R. Milward  
W. R. Milward  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 10, 1915  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10 weeks, to Sept 10, 1915, that I last saw her alive on Sept 10, 1915, and that death occurred on the date stated above at ..... m. The CAUSE OF DEATH\* was as follows:

Bronchial pneumonia

Contributor (SECONDARY) Fracture of the hip

(Signed) F. W. Clarke, M. D.  
Sept 14, 1915. (Address) Lex. 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 .....

19 PLACE OF BURIAL OR REMOVAL Lexington, Ky. DATE OF BURIAL Sept 17, 1915

20 UNDERTAKER W. R. Milward ADDRESS Lex. Ky.

MARGIN RESERVED FOR RUBBING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

B. 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. Must statement of OCCUPATION is very important. See instructions on back of certificate.