

19763

Form V. S. 1-A-50m-1-12-31

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

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

1. PLACE OF DEATH

County MuhlenbergVot. Pct. HillsideRegistration District No. 1092

Inc. Town \_\_\_\_\_

Primary Registration District No. 6829

City \_\_\_\_\_

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

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

2. FULL NAME Mattie 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH January 24, 19097. AGE 24 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. Housekeeper

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE Muhlenberg County13. NAME John Pete Vincent14. BIRTHPLACE Muhlenberg15. MAIDEN NAME Vina Vincent16. BIRTHPLACE Muhlenberg17. INFORMANT Wall Vincent  
(Address) ... Hillside, Kentucky18. BURIAL, CREMATION, OR REMOVAL  
Place Brownsville, Ky. 8/29, 193319. UNDERTAKER Oren L. Roark  
(Address) ... Greenville, Ky.20. FILED 8-29, 1933  
Registrar,

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 29, 1933, 19\_\_\_\_

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

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at 1:30 A.M.  
The principal cause of death and related causes of importance in order of onset were as follows:No Doctor in attendance, though effort was made to secure one. 1/4/4

Childbirth---neighbor women served.

Contributory causes of importance not related to principal cause:

Malnutrition and lack of proper medical service.

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 See Above. \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

MARGIN RESERVED FOR BINDING

EVERY ITEM OF INFORMATION SHOULD BE WRITTEN IN PLAIN INK—THIS IS A PERMANENT RECORD. 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.

N. B. WRITE PLAINLY, WITH PLAIN INK—THIS IS A PERMANENT RECORD. 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.