

Registration District No. **1085** Primary Registration District No. **2435**

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY Whelenberg			a. STATE Kentucky b. COUNTY Whelenberg				
b. CITY (If outside corporate limits, write RURAL and give township) OR Central City TOWN		c. LENGTH OF STAY (by date-place)		c. CITY (If outside corporate limits, write RURAL and give township) OR Central City TOWN			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE			d. STREET ADDRESS (If rural, give location) North Central City				
3. NAME OF DECEASED (Type or Print)			a. (First) Robert		b. (Middle)		
			c. (Last) Patterson		4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 50		
5. SEX Male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7/4/05	9. AGE (In years last birthday) 54	If Under Months 8	1 Year If Under Days 20	24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Don't Know			14. MOTHER'S MAIDEN NAME Don't Know				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Blanche Lee			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) and exposure					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X - 070 - 16				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. DATE SIGNED 7/3/50		23b. ADDRESS Central City Ky		23c. SIGNATURE (Degree or title) Leona Hagan Corcoran			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/2/50		24c. NAME OF CEMETERY OR CREMATORY West end cemetery		24d. LOCATION (City, town, or county) (State) Greenville Ky	
25a. DATE REC'D BY SOCIAL REG. 4/13/50		25b. REGISTRAR'S SIGNATURE Dr. Maxine Holte		25c. FUNERAL DIRECTOR Augustus S. Fisher Greenville, Ky			