

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

26586

1 PLACE OF DEATH

County MusculineburgVot. Pct. E. RoggesInc. Town Greenville

City.....

Registration District No. 093Primary Registration District No. 2436

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

2 FULL NAME Seth Patterson

File No.....

Registered No.....

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH May 29 1884  
(Month) (Day) (Year)

7 AGE 39 yrs. 4 mos. 4 ds.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION  
(a) Trade, profession or particular kind of work Section Foreman  
(b) General nature of industry, business or establishment in which employed (or employer) I. C. R. Co.

9 BIRTHPLACE (State or country) Grayson Co Ky

10 NAME OF FATHER Richard Patterson

11 BIRTHPLACE OF FATHER (State or country) Grayson Co Ky

12 MAIDEN NAME OF MOTHER Susan Pruitt

13 BIRTHPLACE OF MOTHER (State or country) Grayson Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. Seth Patterson  
(Address) Greenville Ky

15 Filed 10/4/23 C. D. Wickliffe  
Greenville Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 3 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1923, to Oct 3, 1923, that I last saw him alive on Oct 3, 1923, and that death occurred on the date stated above at 11:30 P.M.

The CAUSE OF DEATH\* was as follows:

Cancer  
(Duration) ..... yrs. 12 mos. .... ds.

Contributory (Secondary) .....  
(Duration) ..... yrs. .... mos. .... ds.

(Signed) L. P. Moore M. D.  
Oct 4, 1923 (Address) Greenville 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 \_\_\_\_\_ In the  
of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.

Where was disease contracted,  
if not at place of death?.....  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Grayson Springs Ky DATE OF BURIAL Oct 5 1923

20 UNDERTAKER McDonalds Greenville Ky  
ADDRESS .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text, so that it may be properly classified. EX. very important. See instructions on back of certificate.