


MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFAADING 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 terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important.

HVS-20010-300M-1-31 -10
 Primary Dist. No. 01 X 08 - 06

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 75338
 Registered No. 152

1. PLACE OF DEATH a. COUNTY <u>ADAMS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <u>RURAL CUMBERLAND TWP</u> c. LENGTH OF STAY (If this place) <u>1 1/2 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ADAMS CO. INSTITUTION DISTRICT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>PA.</u> b. COUNTY <u>ADAMS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <u>ABBOTTSTOWN PA.</u> d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>Catherine</u> c. (Last) <u>PATTERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 4 1955</u>	
5. SEX <u>FEMALE</u>		6. DATE OF BIRTH <u>6-17-1862</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	
11. BIRTHPLACE (Also give State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN A. LATHAM</u>		14. MOTHER'S MAIDEN NAME <u>MARY MINER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, complete reverse side of certificate) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S OWN SIGNATURE <u>H. H. Smith</u>		ADDRESS <u>C. Home</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication, which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardial degeneration</u> ANTECEDENT CAUSES <u>Chronic Int. Nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>592X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour) m. E.S.T.	
21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19<u>55</u> to <u>9-4</u> 19<u>55</u> that I last saw the deceased alive on <u>9-3</u> 19<u>55</u> and that death occurred at <u>9:30 a.m. E.S.T.</u> from the causes and on the date stated above. 			
23a. SIGNATURE <u>C. G. Crist</u>		23b. ADDRESS <u>Gettysburg, Pa.</u>	
23c. DATE SIGNED <u>9-4-55</u>		24. NAME OF CEMETERY OR CREMATORY <u>Midland Cemetery</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. LOCATION (Town, township and county) (State) <u>Salt Lick, Boone County, Kentucky</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 5, 1955</u>		25. SIGNATURE OF FUNERAL DIRECTOR <u>R. L. Pittenturf</u>	
REGISTRAR'S SIGNATURE <u>Ralph C. Geiselman</u>		ADDRESS <u>York Springs, Pa.</u>	