

COMMONWEALTH OF KENTUCKY

1 PLACE OF DEATH

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County Bath

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

Vet. Pat. \_\_\_\_\_ Registration District No. 2

Registered 24029

Inn. Town Farmers Ky Primary Registration District No. 4148

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Myrtle 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

1 SEX girl 4 COLOR OR RACE W 5 Single Married Widowed or Divorced single  
(Write the word)

5a If married, widowed, or divorced HUSBAND of Infant  
(or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH 9 7 1928  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ yrs. 1 mos. 22 ds. If less than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) Bath Ky  
(State or country)

10 NAME OF FATHER Otto F. Patterson

11 BIRTHPLACE OF FATHER (city or town) St. Louis Mo.  
(State or country)

12 MAIDEN NAME OF MOTHER Flora

13 BIRTHPLACE OF MOTHER (city or town) Bath Ky  
(State or country)

14 (Informant) Otto F. Patterson

(Address) Farmers Ky

15 Filed 10-30, 1928 Miss S. E. Rhymer  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 29 1928  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10-28, 1928, to 10/29, 1928, that I last saw her alive on 10/28, 1928, and that death occurred on the date stated above at 11:30 am.  
The CAUSE OF DEATH\* was as follows:  
Thrombosis  
Very poor infant at birth

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

18 WHERE WAS DISEASE CONTRACTED? \_\_\_\_\_  
If not at place of death? at home/death

Did an operation precede death? no. Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) S. E. Rhymer, M. D.

10/30, 1928 (Address) Bath Ky

\*State the Disease Causing Death, or, in deaths from violent causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 10/30, 1928

20 UNDERTAKER none ADDRESS \_\_\_\_\_

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

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. See instructions on back of certificate.