MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH (FADING 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.

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 31183
Registrar's No. 7317

Registration District No. 1085 Primary Registration District No. 7603

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Drakesboro (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Muhlenberg
(c) City or town Drakesboro Ky (If outside city or town limits, write RURAL)
(d) Street No. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Patricia Ann Stinson

3(b) If veteran, Name war
3(c) Social Security No.

4. Sex F | 5. Color or race W | 6(a) Single, widowed, married, divorced

6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years

7. Birth date of deceased Nov (Month) 29 (Day) 39 (Year)

8. AGE: Years | Months | Days 26 | If less than one day: hr. min.

9. Birthplace Muhlenberg Co Ky.

10. Usual occupation

11. Industry or business

FATHER
12. Name Franklin Stinson
13. Birthplace McLain Co Ky.

MOTHER
14. Maiden name Beatrice Ramsatten
15. Birthplace Muhlenberg Co Ky.

16(a) Informant's own signature Francis Stinson
(b) Address Drakesboro Ky.

17. BURIAL, ~~CREMATION OR REMOVAL~~
Place Hensleyway Date 12-25-39

18(a) Signature of funeral director Franklin Stinson
(b) Address Drakesboro Ky

19(a) 12-25-1939 (Date received by local registrar) (b) James Oates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26- 1939

21. I hereby certify that I attended the deceased from 19 to 19, that I last saw h alive on 19, and that death occurred on the date stated above at 7 a M.

Immediate cause of death	DURATION
Pneumonia	
Due to Bronchial	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Lonnie Bryan Coron (M. D. or other)
Address Central City Date signed 12-28-39