

Commonwealth of Kentucky

1 PLACE OF DEATH

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Mullenberg **CERTIFICATE OF DEATH**City East End Ky. Registration District No. 871File No. 36088Inc. Town..... Primary Registration District No. 7152

Registered No.

City Summitville Ky. (No. 1) St., Ward)

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

2 FULL NAME Pell J. Steward

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE col. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married16 DATE OF DEATH Nov 20, 1918
(Month) (Day) (Year)6 DATE OF BIRTH Feb 4, 1853
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1918, to Nov 20, 1918 that I last saw him alive on Nov 20, 1918, and that death occurred on the date stated above at 1:30 p.m. The CAUSE OF DEATH* was as follows:
apoplexy7 AGE 64 yrs. 9 mos. 10 ds. IF LESS than 1 day... hrs. or... min.?(Duration) 2 hrs.8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer) Home wifeContributory..... (Duration)..... yrs..... mos..... ds.
(Signed) L.P. Moore, M. D.
Nov 20, 1918 (Address) Summitville Ky.9 BIRTHPLACE (State or country) Mullenberg Co-Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

10 NAME OF FATHER Paul Wickliff

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

11 BIRTHPLACE OF FATHER (State or country) Mullenberg

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

12 MAIDEN NAME OF MOTHER Mother WickliffWhere was disease contracted, if not at place of death? Summitville Ky.13 BIRTHPLACE OF MOTHER (State or country) MullenbergFormer or usual residence Summitville Ky.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Erin Steward19 PLACE OF BURIAL OR REMOVAL West End Ky. DATE OF BURIAL Nov 21, 1918(Address) Summitville Ky.20 UNDERTAKER Gas E. George ADDRESS Summitville15 Filed Nov 21, 1918 L.P. Moore REGISTRAR

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Instructions on back of certificate.