

29296

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. _____

1. PLACE OF DEATH

County Maryborough

Village Pct. Graham

Inc. Town _____

Registration District No. 1096

Primary Registration District No. 6847

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

2. FULL NAME Annie Lee Stewart IF VETERAN, WHAT WAR? _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married

21. DATE OF DEATH Nov. 1, 1937

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Thomas Stewart

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1937 to November 1, 1937. I last saw her alive on November 1, 1937, death is said to have occurred on the date stated above, at 10:22 a.m. The principal cause of death and related causes of importance in order of onset were as follows:

6. DATE OF BIRTH _____
7. AGE Years 68 Months _____ Days _____ If LESS than 1 day..... hrs. or..... min.

Chronic Nephritis Date of onset Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Contributory causes of importance not related to principal cause:
Arteriosclerosis

12. BIRTHPLACE Tig Co

FATHER 13. NAME Charlie Blakely

14. BIRTHPLACE Ty.

MOTHER 15. MAIDEN NAME Elizabeth Ladd

16. BIRTHPLACE Ty.

17. INFORMANT Phelma S. Rogers
(Address) Graham Ky

18. BURIED, CREMATION, OR REMOVAL
Place Concord Date 11-3, 1937

19. UNDERTAKER M B McDonald & Co
(Address) Greenville Ky

20. FILED 11-2, 1937 Hubert Craft
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19 _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) M. E. Loftis, M. D.
(Address) Graham, Ky.

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIAN 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.

Loftis