

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky. b. COUNTY Muhlenberg			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenville, Kentucky		c. LENGTH OF STAY (in this place) 0	c. CITY OR TOWN Bremen, Kentucky		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhlenberg Community Hosp.			d. STREET ADDRESS Route # 1		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Billie b. (Middle) Guy c. (Last) Stewart			4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1960			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 21, 1944	9. AGE (In years last birthday) 16	If Under 1 Year: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY 00	11. BIRTHPLACE (State or foreign country) Muhlenberg Co.--Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Lee Edward Stewart			14. MOTHER'S MAIDEN NAME Manerva Cash			
15. WAS DECEASED (Yes, no, or unknown) no	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Lee Stewart			
18. CAUSE OF DEATH MEDICAL CERTIFICATION PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Injuries DUE TO (b) Knife Stab. Wound DUE TO (c) Fighting PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 982 X					INTERVAL BETWEEN ONSET AND DEATH	
					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
					20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.) Stabbed in Abdomen by another boy during a fight.
					21b. TIME OF INJURY Hour Month, Day, Year about 10 p. m. 10-9-60	21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Ky. Highway # 70		21e. CITY, TOWN, OR LOCATION R-3, Central City, Muhlenberg Co. Ky.		STATE		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 AM from the causes and on the date stated above.						
23a. DATE SIGNED	23b. ADDRESS Central City, Ky.		23c. SIGNATURE M.V. Foster Coroner (Degree or title)			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 12, 1960	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.	24d. LOCATION (City, town, or county) (State) Muhlenberg Co.--Ky.			
25a. DATE REC'D BY LOCAL REG. 10-14-60	25b. REGISTRAR'S SIGNATURE Margie Hodge		26. FUNERAL DIRECTOR ADDRESS Gary's Funeral Home--Greenville, Ky.			