Form V. S. 1-A

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

5147

1. PLACE OF DEATH

County _Muhlenburg_

Vot. Pct. _Earles (Summers)_ Registration District No. _1085_

Inc. Town _____ Primary Registration District No. _7488_

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

File No. _____

Registered No. _55_

2. FULL NAME _Crawford G. Stewart_

(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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH _May 5 1864_

7. AGE	Years	Months	Days	If LESS than
	74	9	23	1 day......hrs. or......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Farmer_

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 _____

12. BIRTHPLACE _Ky._

FATHER
13. NAME _William Stewart_

14. BIRTHPLACE _Kentucky_

MOTHER
15. MAIDEN NAME _Lizzie Ugle_

16. BIRTHPLACE _Kentucky_

17. INFORMANT _Marion Townsell_
(Address) _Greenville Ky R 1_

18. BURIAL, CREMATION, OR REMOVAL
Place _Sam Green Bvg._ _3 — 1_, 19_39_

19. UNDERTAKER _Parker & Gary_
(Address) _Greenville Ky_

20. FILED _March 1, 39_ _James Oates_
Registrar.

woodburn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH _Feb 28_, 19_39_

22. I HEREBY CERTIFY, That I attended deceased from
July 15, 19_38_ to _July_, 19_39_
I last saw him alive on _July_, 19_38_, death is said to have occurred on the date stated above, at _9.34_ A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Myo Carditis	

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ If so, specify _____

_1630_

(Signed) _J C Woodburn_, M. D.
(Address) _Greenville Ky_