

N. B.—WRITE PLAINLY WITHOUT 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. \_\_\_\_\_  
Registrar's No. **31498**

Registration District No. **1085** Primary Registration District No. **7497**

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <b>Mulkenburg</b>	(a) State <b>Ky</b>	(b) County <b>Mulkenburg</b>	
(b) City or town <b>Central City, R.F.D. #4</b> <small>(If outside city or town limits, write RURAL)</small>	(b) City or town <b>East Central City #4</b> <small>(If outside city or town limits, write RURAL)</small>	(c) Street No. <b>Rural</b>	(d) <small>(If rural give precinct)</small>
(c) Name of hospital or institution:	(d) Street No. <b>Rural</b>	(e) If foreign born, how long in U. S. A.?	years
<small>(If not in hospital or institution write street number or location)</small>			
(d) Length of stay: In hospital or community _____ <small>(years, months or days)</small>		(e) If foreign born, how long in U. S. A.?	
3(a) FULL NAME <b>James J. Stewart</b>		MEDICAL CERTIFICATION	
3(b) If veteran, _____		DATE OF DEATH <b>12-9-39</b> 19 <b>39</b>	
3(c) Social Security _____		21. I hereby certify that I attended the deceased from _____ 19____	
Name war _____		to _____ 19____, that I last saw him alive on _____ 19____	
4. Sex <b>M</b>	5. Color or race <b>W</b>	6(a) Single, widowed, married, divorced <b>married</b>	
6(b) Name of husband or wife <b>Clara Stewart</b>		6(c) Age of husband or wife if alive <b>45</b> Years	
7. Birth date of deceased <b>Oct 29 1905</b> <small>(Month) (Day) (Year)</small>		Immediate cause of death <b>Home accident</b>	
8. AGE: Years <b>34</b> Months <b>1</b> Days <b>12</b> If less than one day _____hr. _____min.		Due to <b>shot</b>	
9. Birthplace <b>127</b>		DURATION	
10. Usual occupation <b>coal miner</b>		Other conditions <small>(Include pregnancy within 3 months of death)</small>	
11. Industry or business <b>coal mines</b>		Major findings:	
12. Name <b>Geo. Stewart</b>		Of operations _____	
13. Birthplace <b>Kentucky</b>		Of autopsy _____	
14. Maiden name <b>Vivian Gregorby</b>		22. If death was due to external causes, fill in the following:	
15. Birthplace <b>Ky</b>		(a) Accident, suicide, or homicide (specify <b>Home accident</b> )	
16(a) Informant's own signature <b>Clara Stewart</b>		(b) Date of occurrence _____	
(b) Address <b>Central City, Ky</b>		(c) Where did injury occur? In or about home, on farm, in industrial place in public place? <b>at home</b> <small>(Specify type of place)</small>	
17. BURIAL, CREMATION, OR REMOVAL		While at work? _____ (a) Means of injury _____	
Place <b>Miller Cemetery</b> Date <b>12-10-39</b>		23. Signature <b>Alfred R. Weaver</b> <small>(M. D. or other)</small>	
18(a) Signature of funeral director <b>J. Anderson</b>		Address <b>Central City</b> Date signed <b>12-9-39</b>	
(b) Address <b>Central City, Ky</b>		<b>Dec. 11, 1939</b> (Date received by local registrar)	
19(a) <b>Dec. 11, 1939</b> (Date received by local registrar)		(b) <b>James Cates</b> (Registrar's signature)	

2-13-48