

## 1 YEAR OF DEATH

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty MuhlenbergFile No. 19103Vet. Pat. \_\_\_\_\_ Registration District No. 1096Registered No. 13

Inc. Town \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

(If not certified in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gaunt Stewart

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

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

3 SEX Male 4 COLOR OR RACE White 5 Single Married  
Married Widowed  
Widowed  
or Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)7 AGE 34 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1  
day \_\_\_\_\_ hrs. \_\_\_\_\_  
or \_\_\_\_\_ min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) Ky  
(State or country)PARENTS  
10 NAME OF FATHER James Stewart  
11 BIRTHPLACE OF FATHER (city or town) Ky  
(State or country)  
12 MAIDEN NAME OF MOTHER \_\_\_\_\_  
13 BIRTHPLACE OF MOTHER (city or town) Ky  
(State or country)14 (Informant) Hobert Vincent  
(Address) 2400 N. Ky15 Filed 9/10/27, 1927 J. C. Kennedy  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 24 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from July 22, 1927, to July 24, 1927  
that I last saw him alive on July 23, 1927and that death occurred on the date stated above at 40  
The CAUSE OF DEATH was as follows:Acute Dysentery

\_\_\_\_\_

\_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) Tuberculosis of Bladder\_\_\_\_\_ (Duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) D. J. Edgell, M. D.  
\_\_\_\_\_, 19\_\_\_\_ (Address) Brookwood

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Corley B. G. July 25 1927

20 UNDERTAKER ADDRESS

M. B. McDonald Greenfield, Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms. CAUSE OF DEATH in plain terms. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

MARRIAGE REGISTERED FOR KENTUCKY