

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25430

PLACE OF BIRTH
County *Muhlenberg*

Vol. Pat. *Nelson*

Inc. Town *Wm.*

City _____ (No. _____ St. _____ Ward _____)

File No. _____

Registered No. *22*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME *James Stewart*

1139

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OF RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH *Nov. 10, 1912*
(Month) (Day) (Year)

7 AGE *3 yrs. 11 mos. 17 ds.* If LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Nelson Ky.*

PARENTS

10 NAME OF FATHER *Louie Stewart*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Ky.*

12 MAIDEN NAME OF MOTHER *Rosa Hendricks*

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Lillie Stewart* (Address) *Nelson Ky.*

15 Filed *10/28*, 1915 *S. O. Maple* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct 28, 1915*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct 19, 1915* to *Oct 27, 1915*, that I last saw him alive on *Oct 25, 1915*, and that death occurred, on the date stated above, at *9 a.m.*

The CAUSE OF DEATH* was as follows:

Diphtheria

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) *Charles W. Felt* M. D. (Address) *Nelson Ky.*
Oct 28, 1915

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____ Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL *Nelson Green* DATE OF BURIAL *10/29, 1915*

20 UNDERTAKER *Martin Moore* ADDRESS *Central City Ky.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.