

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg
Vot. Prec. Beach Creek
Inc. Town.....
City..... (No. St., Ward)

File No. 27
Registered No.

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

Registration District No. 1092
Primary Registration District No. 6827

2 FULL NAME J. Ben Stewart

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced
(Write the word)

6 DATE OF BIRTH April 11 1853
(Month) (Day) (Year)

7 AGE 80 yrs. 8 mos. 12 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION (a) Trade, profession or particular kind of work Minister
(b) General nature of industry, business or establishment in which employed (or employer) 13

9 BIRTHPLACE (State or country) Muhlenberg Co Ky.

10 NAME OF FATHER John P. Stewart

11 BIRTHPLACE OF FATHER (State or country) U.A.

12 MAIDEN NAME OF MOTHER Jackson

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. P. Stewart

(Address) Belton Ky

15 Filed 1/12, 1923 Victory Jenkins Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 23 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923, to Dec 23, 1923, that I last saw him alive on Dec 23, 1923, and that death occurred on the date stated above at 8 A.M.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

Contributory Chronic Interstitial Nephritis
(Secondary) (Duration) 2 yrs. mos. ds.

(Signed) J. P. Stewart, M. D. 12/23, 1923. (Address) Greenville Ky

*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. d. Where was disease contracted,

if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hazelbrook Ky DATE OF BURIAL 12-24-23

20 UNDERTAKER J. Kimmel ADDRESS Brookston

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

N. B.—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. EX statement of OCCUPATION is very important. See instructions on back of certificate.