

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING 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. 25896
Registrar's No. 675

Registration District No. 350 Primary Registration District No. 4751

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Christian</u></p> <p>(b) City or town <u>Hopkinsville (Rural)</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(c) Name of hospital or institution: <u>Western State Hospital</u> <small>(If not in hospital or institution write street number or location)</small></p> <p>(d) Length of stay: In hospital or community <u>2 20</u> <small>(years, months or days)</small></p>	<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Kentucky</u> (b) County <u>Hopkins</u></p> <p>(c) City or town <u>Dawson Springs (Rural P #2)</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. _____ <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. A? _____ years</p>												
<p>3(a) FULL NAME <u>JAMES STEWART</u></p>													
<p>3(b) If veteran, _____ 3(c) Social Security No. _____</p> <p>Name war _____ No. _____</p> <p>4. Sex <u>Male</u> 5. Color or race <u>White</u> 6(a) Single, widowed, married, divorced <u>MARRIED</u></p> <p>6(b) Name of husband or wife <u>Blanche Stewart</u></p> <p>6(c) Age of husband or wife if alive _____ Years</p> <p>7. Birth date of deceased _____ <small>(Month) (Day) (Year)</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">8. AGE: Years</td> <td style="width: 25%;">Months</td> <td style="width: 25%;">Days</td> <td style="width: 25%;">If less than one day</td> </tr> <tr> <td style="text-align: center;"><u>77</u></td> <td></td> <td></td> <td style="text-align: center;">hr. min.</td> </tr> </table> <p>9. Birthplace <u>Muhlenberg County, Ky.</u></p> <p>10. Usual occupation <u>Farmer</u></p> <p>11. Industry or business _____</p> <p>FATHER</p> <p>12. Name <u>Wm. Stewart</u></p> <p>13. Birthplace <u>Muhlenberg Co., Ky.</u></p> <p>MOTHER</p> <p>14. Maiden name <u>Lizzie Morgan.</u></p> <p>15. Birthplace <u>Muhlenberg Co., Ky.</u></p> <p>16(a) Informant's own signature <u>W. S. Hospital Records</u></p> <p>(b) Address <u>Hopkinsville, Ky.</u></p> <p>17. BURIAL, CREMATION, OR REMOVAL Place <u>Hopkins Co.</u> Date <u>12-17-1947</u></p> <p>18(a) Signature of funeral director <u>J. L. Davis</u></p> <p>(b) Address <u>Bucksville Ky</u></p> <p>19(a) <u>Dec. 17, 1947</u> (Date received by local registrar) <u>J. H. Meyer</u> (Registrar's signature)</p>	8. AGE: Years	Months	Days	If less than one day	<u>77</u>			hr. min.	<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>20. DATE OF DEATH <u>December 15</u> 19<u>47</u></p> <p>21. I hereby certify that I attended the deceased from <u>Sept. 25</u> 19<u>47</u> to <u>December 15</u> 19<u>47</u>, that I last saw him alive a <u>December 15</u> 19<u>47</u>, and that death occurred on the date stated above at <u>12:20 P.</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Immediate cause of death <u>General Arteriosclerosis</u></td> <td style="width: 20%;">DURATION</td> </tr> <tr> <td></td> <td style="text-align: center;"><u>several years</u></td> </tr> </table> <p>Due to _____</p> <p>Other conditions _____ <small>(Include pregnancy within 3 months of death)</small></p> <p>Major findings: Of operations <u>97</u></p> <p>Of autopsy _____</p> <p>22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ <small>(Specify type of place)</small></p> <p>While at work? _____ (e) Means of injury _____</p> <p>23. Signature <u>James B. Markes</u> (M. D. or other) Address <u>Western State Hospital</u> Date signed <u>12/15/47</u> <u>Hopkinsville, Kentucky</u></p>	Immediate cause of death <u>General Arteriosclerosis</u>	DURATION		<u>several years</u>
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