

10297

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE File No. \_\_\_\_\_  
Registrar's No. 91

Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH  
(a) County Madison  
(b) City or town Central City, Ky.  
(c) Name of hospital or institution:  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) Madison  
(c) City or town \_\_\_\_\_  
(If outside city or town limits write RURAL)  
(d) Street No. \_\_\_\_\_  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Jerry Lee Stewart

3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color of hair White 6(a) Single, widowed, married, divorced Single

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife \_\_\_\_\_ Years

7. Birth date of deceased March 2, 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ky.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Hubert Lewis Stewart

13. Birthplace Ky.

14. Maiden name Pearl Booth

15. Birthplace Ky.

16(a) Informant Hubert Stewart

(b) Address Central City, Ky. R#4

17. OCCUPATION, OF REMOVAL Old Bethel Date 3-29-44

18(a) Signature Hubert Stewart

(b) Address Central City, Ky.

19(a) April 11, 1944 (Date received by local registrar)

(b) L. G. Urganovitch (Registrar's signature)

20. DATE OF DEATH March 28, 1944

21. I hereby certify that I attended the deceased from March 25, 1944 to March 28, 1944 that I last saw alive on March 25, 1944 and that death occurred on the date stated above at 4:15 P.M.

Immediate cause of death toxicous Pneumonia

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations 108

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L. G. Urganovitch, M.D.

Address Greenville, Ky. Date signed 3/29/1944

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.