

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important.

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

State File No. **4640**  
Registrar's No. **28**

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

Registration District No. **1080** Primary Registration District No. **2435**

1. PLACE OF DEATH  
(a) Country **Middlebury**  
(b) City or town **Central City, Ky.**  
(If outside city or town limits, write RURAL)  
(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 **Ky.** (b) County **Muhlb.**  
(c) City or town **Central City, Ky.**  
(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 **John Robertson Stewart**

3(b) If veteran **World War** 3(c) Social Security No. \_\_\_\_\_

4. Sex **M.** 5. Color or race **W.** 6(a) Single, widowed, married, divorced **Married**

6(b) Name of husband or wife **Luth Stewart**

6(c) Age of husband or wife if alive \_\_\_\_\_ Year

7. Birth date of deceased **1894** (Month) **October** (Day) **21** (Year)

8. AGE: **47** Years **3** Months **12** Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Middlebury, Ky.**

10. Usual occupation **I. C. R. R. Co. Employee**

11. Industry or business **railroad yards**

12. Name **Jay Stewart**

13. Birthplace **Ky.**

14. Maiden name **Catherine DeArmond**

15. Birthplace **Ky.**

16(a) Informant's own signature **Mrs Luth Stewart**  
(b) Address **Central City, Ky**

17. BURIAL, CREMATION, OR REMOVAL  
Place **Parsonage** Date **2-4** 19**42**

18(a) Signature of funeral director **Truckee Funeral Home**  
(b) Address **Central City, Ky.**  
19(a) **February 2, 1942** (Date received by local registrar) (b) **A. D. Blalock** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **2-2** 19**42**

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date stated above at **7:45 AM.**

Immediate cause of death **Stroke of Neck**

**Crushed Left Shoulder**

Due to **Fall on Concrete**

DURATION

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Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence **2-2-42**  
(c) Where did injury occur? (In or about home, on farm, in industrial place in public place) **I. C. R. R. yards** (Specify type of place)

While at work? **Yes** (a) Means of injury \_\_\_\_\_

23. Signature **J. D. Truckee, Coroner** (M. D. or other)  
Address **Central City, Ky.** Date signed **2-2-42**