

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

1 PLACE OF DEATH
County Mollenberg
Vol. Pct. Graham
Inc. Town.....
City.....

Registration District No. 7140
Primary Registration District No.....

File No. _____
Registered No. 15670

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

(No. _____ St. _____ Ward)

2 FULL NAME Joseph Stewart

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 9/2
(Month) (Day) (Year)

7 AGE 2 yrs. 7 mos. 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) Ky

10 NAME OF FATHER Geo Stewart

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Liza Tyson

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Stewart
(Address) Graham

15 Filed 7/5, 1921 Registrar J. Kennedy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 5, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw h..... alive on _____, 192____, and that death occurred on the date stated above at 12:00 a.m.

The CAUSE OF DEATH* was as follows:
Bowel Trouble.
Colitis
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) No Doctor, M. D.
_____, 192____ (Address) _____

*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 Classon Hall DATE OF BURIAL 7/5, 1921

20 UNDERTAKER H. Beard ADDRESS Graham Ky

Should be investigated (2 cases)

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.