

CERTIFICATE OF DEATH

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH:

- (a) County Martin
 (b) City or town Bremmille, Ky.
 (If outside city or town limits write RURAL)
 (c) Name of hospital or institution:
Bremmille Hospital
 (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 Martin
 (c) City or town Central City, Ky. R#1
 (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 Larry W. Stewart

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex M5. Color or race W6(a) Single, widowed, married,
divorced _____

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased April 1, 1944

Month

Day

Year

8. AGE: Years

2

Months

6

Days

27

If less than one day

hr. _____ min.

9. Birthplace Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name John Stewart13. Birthplace Ky.

MOTHER

14. Maiden name Olivia Rogers15. Birthplace Ky.16(a) Informant's own signature Melvin Greenwood(b) Address Central City, Ky. Route #1

17. BURIAL, CREMATION, OR REMOVAL

Place GateDate 10-29, 194618(a) Signature of funeral director Tucker Funeral Home(b) Address Central City, Ky.19(a) October 31, 1946

(Date received by local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1946

21. I hereby certify that I attended the deceased from Oct. 27 1946
 to Oct. 27 1946 that I last saw him alive on
Oct. 27 1946, and that death occurred on the date
 stated above at 4:45 P.M.

Immediate cause of death Pneumonia

DURATION

Due to _____

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 _____

(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 J. P. Wallin M.D.

(M. D. or other)

Address Central City, Ky.Date signed Oct 29-46

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.