

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

30401

File No. _____
Registered No. 62

1 PLACE OF DEATH
County Harrison
Vet. Pct. Pontiac 5 Registration District No. 731
Inc. Town Madisonville Primary Registration District No. 5770
City R. J. D#5 (No. _____ St., _____ W. _____
(If death occurred in a hospital or institution, give its NAME _____ of street and number)

2 FULL NAME Maggie May Stewart
(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jim Stewart
6. DATE OF BIRTH (month, day, and year) March 17, 1875
7. AGE Years 25 Months 07 Days 14 If LESS than 1 day _____ hrs. _____ or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) _____, 19____
22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1930 to Nov. 3, 1930
I last saw him alive on Nov. 3, 1930 death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:
Scurvy
Contributory causes of importance not related to principal cause: _____

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Kentucky
13. NAME Eli Moore
14. BIRTHPLACE (city or town) (State or country) Kentucky
15. MAIDEN NAME Sarah Smith
16. BIRTHPLACE (city or town) (State or country) Kentucky
17. INFORMANT (Address) Thelma Stewart
18. BURIAL, CREMATION, OR REMOVAL Place Mullensburg Co. Date 2-10-31 19____
19. UNDERTAKER (Address) W. J. G. Jackson
20. FILED 12711, 1930 Jay Todd Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) W. J. G. Jackson M. D.
(Address) Madisonville

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. See instructions on back of certificate.

DECEASED

Ly.