

## COMMONWEALTH OF KENTUCKY

17679

## 1 PLACE OF DEATH

County MuhlenbergState Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. ....

Vet. Pct. .... Registration District No. 1096Registered No. 9

Inc. Town. .... Primary Registration District No. ....

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

City. .... (No. .... St., .... Ward)

2 FULL NAME Marion Stewart

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 Single Widow  
Married  
Widowed  
or Divorced  
(Write the word)16 DATE OF DEATH July 8, 1925  
(Month) (Day) (Year)6 DATE OF BIRTH Aug-15-1846  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 8, 1925, that I last saw him alive on July 6, 1925, and that death occurred on the date stated above at 4 P. m.7 AGE 79 yrs. 1 mos. 6 ds.  
IF LESS than 1 day ..... hrs. or ..... min?

The CAUSE OF DEATH\* was as follows:

8 OCCUPATION  
(a) Trade, profession or particular kind of work Housework  
(b) General nature of industry, business or establishment in which employed (or employer) .....Labor Pneumonia  
(Duration) ..... yrs. .... mos. .... ds.9 BIRTHPLACE (State or country) Ky

Contributory (Secondary) .....

10 NAME OF FATHER John Tyson(Signed) J. J. Eagle, M. P.  
July 9, 1925 (Address) Graham11 BIRTHPLACE OF FATHER (State or country) Ky

\*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

12 MAIDEN NAME OF MOTHER Dora Keener13 BIRTHPLACE OF MOTHER (State or country) W. Va.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
at place ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted, If not at place of death? .....14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Miss Stewart

Former or usual residence .....

(Address) Graham19 PLACE OF BURIAL OR REMOVAL Sam Green B. G. DATE OF BURIAL July 9, 192515 Filed July 10, 1925 J. C. Kenney Registrar20 UNDERTAKER M. B. McDonald ADDRESS Breenville

MAKES REMOVED FOR READING

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 language, so that it may be properly classified. Correct statement of OCCUPATION is very important. See instructions on back of certificate.