

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Prec. Grassano Ky

Inc. Town

City

Registration District No. 7100

Primary Registration District No.

(No. St. Ward)

File No. 25431

Registered No.

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

2 FULL NAME Nancy Ann Stewart

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED, WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH 1.8.64 Dec 25 1915
(Month) (Day) (Year)

7 AGE 57 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co

10 NAME OF FATHER William Tyson

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co

12 MAIDEN NAME OF MOTHER Elizabeth Mercer

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jas. Stewart

(Address) Grassano, Ky.

15 Filed 10/15/15 1915 J. P. Kennedy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 14 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1....., 1915, to Oct. 14....., 1915, that I last saw her alive on Oct. 14....., 1915, and that death occurred on the date stated above at 4 a.m. The CAUSE OF DEATH* was as follows:

Typhoid Fever
Asthenia

..... (Duration)..... yrs..... mos. 28 ds.

Contributory Regeneration of Heart
(SECONDARY) muscle (Duration)..... yrs..... mos. ds.

(Signed) L. H. Bennett M. D.
..... Oct. 14, 1915 (Address) Grassano, Ky.

*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?

19 PLACE OF BURIAL OR REMOVAL East Union DATE OF BURIAL 10/15/15

20 UNDERTAKER C. G. Croft ADDRESS Grassano, Ky.

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.