

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 12

Registered No. _____

PLACE OF DEATH
County Muhlenberg
City Nelson

Registration District No. 1095
Primary Registration District No. 6485

Sec. Town Near Martinsburg Ky. (No. _____ St. _____ Ward _____)
City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Rebecca E. Stewart
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. Now long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Aug 22, 1860

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
76 01 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, sawmill, 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 Oct 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1936 to Oct 2, 1936
I last saw her alive on Oct 1, 1936 death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:
arteriosclerosis Date of onset years
97 age

Contributory causes of importance not related to principal cause: _____

12. BIRTHPLACE Ky.

FATHER 13. NAME James W. Beland
14. BIRTHPLACE Ky.

MOTHER 15. MAIDEN NAME Julia Ann Bellman
16. BIRTHPLACE Ky.

17. INFORMANT Jesse Wilson
(Address) Nelson Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Nelson Date 10/3

19. UNDERTAKER Greenwell Funeral Home
(Address) Greenwell, Ky.

20. FILED Oct 12, 1936 Don Nagle

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) J. Skitsky, M. D.
(Address) Central City Ky

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.