

MASSIVE RESERVE FOR BIRTHING

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.

1 PLACE OF DEATH

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

8910

County Warrick

File No. ....

Vot. Pct. .... Registration District No. 356

Registered No. 166

Inc. Town ..... Primary Registration District No. 2115

City Warrick (No. .... St., .... Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jung 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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)

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

6 DATE OF BIRTH 1880  
(Month) (Day) (Year)

7 AGE 48 yrs. .... mos. .... ds.  
IF LESS than 1 day .... hrs. or .... min?

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

9 BIRTHPLACE (city or town) (State or country) Monticello Ky

PARENTS  
10 NAME OF FATHER John Stewart  
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky.  
12 MAIDEN NAME OF MOTHER Francois Stark  
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky.

14 (Informant) E. L. Stewart  
(Address) Warrick Ky

15 Filed 4-29, 1928 Quinn Bigby  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 12 28  
(Month) (Day) (Year)

17 HEREBY CERTIFY, That I attended deceased  
from 4/27, 1928, to 4/29, 1928,  
that I last saw him alive on 4/28, 1928,  
and that death occurred on the date stated above at m.  
The CAUSE OF DEATH\* was as follows:

3rd degree Burns  
Powder Explosion  
in Mine  
(Duration) .... yrs. .... mos. .... ds.

Contributory (Secondary) .....  
(Duration) .... yrs. .... mos. .... ds.

18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? No

Did an operation precede death? No Date of E

Was there an autopsy? No

What test confirmed diagnosis?  
(Signed) Gaul Gether M. D.  
4-29, 1928 (Address) Warrick Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Monticello Co. Ky DATE OF BURIAL Apr 30, 1928

20 UNDERTAKER Carroll and Tugan ADDRESS Warrick Ky

CP 7147, 10-2-47