

County Myrtleburg  
Vol. No. Prohant Registration District No. 1046  
Inc. Town \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 17  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Stewart

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE white 5 Single  Married  Widowed  or Divorced   
(Write the month and day)

16 DATE OF DEATH Nov 28, 1923  
(Month) (Day) (Year)

6 DATE OF BIRTH Nov 25, 1838  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 26th 3, 1923 to Nov 28th 8, 1923 that I last saw her alive on Nov 26, 1923 and that death occurred on the date stated above at 7 A.M.

7 AGE 85 yrs. 3 mo. 3 ds. IF LIVED more than 1 day or more than 1 hr. or more than 1 day?

18 THE CAUSE OF DEATH\* was as follows:  
Bronchopneumonia

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

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Bronchitis  
(Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9 BIRTHPLACE (State or country) La

10 NAME OF FATHER Duncan Stewart

11 BIRTHPLACE OF FATHER (State or country) La

12 MAIDEN NAME OF MOTHER Matilda Curtis

13 BIRTHPLACE OF MOTHER (State or country) La

(Signed) L. J. Edge M. D.  
1128, 1923 (Address) Prohant

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Criskey Rose

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? Former or usual residence \_\_\_\_\_

(Address) Greenfield

19 PLACE OF BURIAL OR REMOVAL Prohant DATE OF BURIAL 11/29, 1923

20 No. 1110 1924 Memery Registrar

21 UNDERTAKER R. J. Memery ADDRESS Prohant

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—Every item of information to be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. It is a statement of OCCUPATION is very important. See instructions on back of certificate.  
MAKING PRESERVED FOR INDEXING