

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25418

1 PLACE OF DEATH

County MuhlenbergVol. Pat. Business #114

Inc. Town

City

Registration District No. 7134

Primary Registration Dist. No.

File No.

Registered No. 17

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

3 FULL NAME

Sisara Stewart

PERSONAL AND STATISTICAL PARTICULARS

4 SEX <u>Female</u>	5 COLOR OR RACE <u>White</u>	6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
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8 DATE OF BIRTH <u>1883</u> (Month) (Day) (Year)

7 AGE <u>52</u> yrs. ... mos. ... ds.	If LESS than 1 day ... hrs. or ... min.?
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8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	<u>Housework</u>
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9 BIRTHPLACE (State or country)	<u>Muhlenberg Co</u>
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PARENTS

10 NAME OF FATHER	<u>Mr Lydon</u>
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11 BIRTHPLACE OF FATHER (State or country)	<u>Muhlenberg Co</u>
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12 MAIDEN NAME OF MOTHER	<u>Elizabeth Mercer</u>
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13 BIRTHPLACE OF MOTHER (State or country)	<u>Muhlenberg Co</u>
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Doc Stewart(Address) Greenville R#1

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Filed 10/15, 1915, S. A. Stewart

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>10</u> / <u>14</u> / <u>1915</u> (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 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 3.2 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

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

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

(Signed) Dr. Bennett, M. D. 10/15, 1915. (Address) Greenville 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. State ... yrs. ... mos. ... ds.Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL <u> Pleasant Hill Cemetery</u>	DATE OF BURIAL <u>10/15</u> , 191 <u>5</u>
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20 UNDERTAKER <u>C. L. Craft</u>	ADDRESS <u>Greenville Ky</u>
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