

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

1 PLACE OF DEATH

County Woolfordsburg, B.M.H.

Vet. File Jeuneville Registration District No. 7134

Ino. Town..... Primary Registration District No.

City..... (No..... St.,..... Ward)

3 FULL NAME Jessie Ann Stewart

File No. **31017**

Registered No. **9**

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 8 14 1840
12 (Month) 14 (Day) 1840 (Year)

7 AGE 76 yrs. 3 mos. 21 ds. IF LESS THAN 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Woolfordsburg, B.M.H.

10 NAME OF FATHER John Carub

11 BIRTHPLACE OF FATHER (State or country) South Korea

12 MAIDEN NAME OF MOTHER South Korea

13 BIRTHPLACE OF MOTHER (State or country) South Korea

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) S. A. Stewart (Address) Woolfordsburg, B.M.H.

15 Filed 12/18, 1916 S. A. Stewart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 7 1916
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1916, to Dec 7, 1916, that I last saw her alive on Dec 4, 1916, and that death occurred on the date stated above at 5:55 p.m. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(Duration) 7 yrs. 5 mos. 7 ds. Contributory (SECONDARY) all of age (Duration) 7 yrs. 5 mos. 7 ds. (Signed) A. J. Bates, M. D. 12/5, 1916. (Address)

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death 7 yrs. 5 mos. 7 ds. State 7 yrs. 5 mos. 7 ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Pleasant Hill cemetery DATE OF BURIAL 12/19/16

20 UNDERTAKER S. A. Stewart ADDRESS

N. B. - Every item of information on this form should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full. OCCUPATION is very important. See instructions on back of certificate.