

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICSDepartment of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Muhlenberg.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Lepoy.</u>		c. LENGTH OF STAY (In this place) <u>1-week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Graham</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION					
3. NAME OF DECEASED a. (First) <u>Thomas</u> b. (Middle) <u>Jefferson</u> c. (Last) <u>Stewart.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 - 1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed.</u>	8. DATE OF BIRTH <u>Aug. 28-1865</u>		9. AGE (In years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>coal mining.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co. Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Larkie Stewart</u>			14. MOTHER'S MAIDEN NAME <u>Lisa Bates</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Shelma Rogers Adams</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro Enteritis</u> ANTECEDENT CAUSES DUE TO (b) <u>No cause known</u> DUE TO (c) <u>5711-97 Arterio Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>One week</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Aug 15, 1949</u> to <u>July 21, 1949</u> , that I last saw the deceased alive on <u>July 21, 1949</u> and that death occurred at <u>m.</u> , from the causes and on the date stated above.					
23a. DATE SIGNED <u>July 22</u>		23b. ADDRESS <u>Central City Ky</u>		23c. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 23rd</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Concord Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>White Plains, Hopkins Co - Ky</u>		
25a. DATE REC'D BY REG. <u>9-1-49</u>	25b. REGISTRAR'S SIGNATURE <u>Maryanne Gadge</u>		26. FUNERAL DIRECTOR <u>J. Iron Gray - Greenbelle, Ky</u>		