Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5763

1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. _____

Inc. Town _____

City _____

Registration District No. 1096

Primary Registration District No. 6846

File No. _____

Registered No. _____

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

2. FULL NAME W. H. Stewart Jr.

(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, Widowed or Divorced (write the word) Married

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

6. DATE OF BIRTH Jan 2 1872

7. AGE Years 65 — Months — Days — If LESS than 1 day ...... hrs. /or ...... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Muhlenberg

13. NAME W. H. Stewart

14. BIRTHPLACE Ky.

15. MAIDEN NAME Lizzie Morgan

16. BIRTHPLACE Ky.

17. INFORMANT Lee Stewart
(Address) Greenville Ky R# 1

18. BURIAL, CREMATION, OR REMOVAL
Place Green B. G. Date Feb. 2, 1937

19. UNDERTAKER M. B. McDonald & Co.
(Address) Greenville Ky.

20. FILED 2/3, 1937 Hubert Croft Register.

Woodburn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936 to Feb 1, 1937

I last saw him alive on Feb 1, 1937, death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Nephritis Chronic Analgam

Date of onset _____

Contributory causes of importance not related to principal cause: Endocarditis
General anasarca

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19 _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. J C Woodburn

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J C Woodburn, M. D.

(Address) Greenville Ky