

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1998

File No.

Registered No.

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

1 PLACE OF DEATH
County FranklinVol. Pct. 10000Registration District No. 140

Inc. Town.....

Primary Registration District No.....

City.....

(No. St., Ward)

2 FULL NAME William Stewart

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 ~~Single~~ Married Widowed or Divorced (Write the word)6 DATE OF BIRTH Jan 3 (Month) (Day) (Year)7 AGE 89 yrs. mos. ds. IF LESS than 1 day hrs. or min?8 OCCUPATION (a) Trade, profession or particular kind of work Farmer (b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Don't know11 BIRTHPLACE OF FATHER (State or country) "12 MAIDEN NAME OF MOTHER "13 BIRTHPLACE OF MOTHER (State or country) "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joe Jordan(Address) Prohau15 Filed Jan 4 1921 Registrar J. K. Kerner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 3 1921 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1921, to Jan 3, 1921, that I last saw him alive on Jan 3, 1921, and that death occurred on the date stated above at 5 P m.The CAUSE OF DEATH was as follows: Cerebral Hemorrhage(Duration) yrs. mos. ds. Contributory (Secondary) Cerebral Sclerosis(Signed) J. H. Harrison, M. D. (Duration) yrs. mos. ds.Jan 4, 1921 (Address) Prohau, 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 In the 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 DATE OF BURIAL Casson Hill Jan 4 192120 UNDERTAKER ADDRESS Thomson Mercantile Prohau

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.