

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

2017

1 PLACE OF DEATH

County Muhlenberg

Vet. Pot. Summers Registration District No. 2134

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

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

File No. ....

Registered No. 2

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

2 FULL NAME Wm. R. Stewart

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 8 5 1894  
(Month) (Day) (Year)

7 AGE 24 yrs. 3 mos. 7 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) Muhlenberg Co. Ky

10 NAME OF FATHER Daniel Stewart

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Nancy Deviney

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Ward

(Address) Bauman R. J. Ky

15 Filed 1/15/1921 S. A. Stewart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 15 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1920, to Jan 5, 1921, that I last saw him alive on Jan 5, 1921, and that death occurred on the date stated above at 12 m. The CAUSE OF DEATH\* was as follows:

Tuberculosis of the Lungs

(Duration) 1 yrs. .... mos. .... ds.

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

(Signed) J. C. Woodburn, M. D. 1/15, 1921 (Address) Midland, 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. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL East Union cemetery DATE OF BURIAL 1/17, 1921

20 UNDERTAKER R. J. Beard ADDRESS Irabon Ky

THIS 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.