

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

1 PLACE OF DEATH

County *Martin*Vol. *Pat. C. Russell*

Inc. Town

City

Registration District No. *271*Primary Registration District No. *7132*

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

File No. *16486*Registered No. *94*

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

2 FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male*4 COLOR OR RACE *white*5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*  
(Write the word)6 DATE OF BIRTH *June 4, 1914*  
(Month) (Day) (Year)7 AGE *6* yrs. .... mos. .... ds.  
IF LESS than 1 day 6 hrs. or . min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work *at home*  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Martin Co. Ky.*10 NAME OF FATHER *Elgin Stewart*11 BIRTHPLACE OF FATHER (State or country) *Logan Co. Ky.*12 MAIDEN NAME OF MOTHER *Mamie Smith*13 BIRTHPLACE OF MOTHER (State or country) *Henderson Ky.*14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Elgin Stewart*  
(Address) *Greenville Ky.*

15

Filed *June 5, 1914* *W. H. Grandolin*  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 4, 1914*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *June 4, 1914*, to *June 4, 1914*, that I last saw him/her on *June 4, 1914*, and that death occurred on the date stated above at *5 P. M.* The CAUSE OF DEATH was as follows:  
*stroke during sleep reported dead*

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

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

(Signed) *J. H. Hatcher*, M. D.  
*June 4, 1914* (Address) *Greenville*

\*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 REGENT 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 *Greenville Baptist Ch.* DATE OF BURIAL *June 5, 1914*20 UNDERTAKER *McDonald & Denton* ADDRESS *Greenville Ky.*
 WRITE PLAINLY WITH CAREFULNESS—THIS IS A PERMANENT RECORD  
 Be every item of information as to be carefully checked. All entries should be made in ink, and should be made on the back of certificate.  
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