

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

2690

PLACE OF DEATH
County Muhlenberg Co.
Vot. Pat. Proderly
Inc. Town No. 1
City No.

Registration District No. 094
Primary Registration District No. 024
(No. St., Ward)

File No.

Registered No.

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

3 FULL NAME Louis Andrew Stearsman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH Jan 7-1870
(Month) (Day) (Year)

7 AGE 53 yrs. 2 mos. 7 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION
(a) Trade, profession or particular kind of work. Miner
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co.

10 NAME OF FATHER No Stearsman

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co.

12 MAIDEN NAME OF MOTHER Mary Mason

12 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. S. Wilkinson

(Address) Greenville Ky.

15 Filed 1/27/23, 1923 C. B. Wickliffe Registrar
Wells

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan - 11, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec - 26, 1923, to Jan - 8, 1923, that I last saw him alive on Jan 8, 1923, and that death occurred on the date stated above at m.

The CAUSE OF DEATH* was as follows:

Organic Heart Trouble
(Duration) yrs. mos. ds.

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

(Signed) V. M. Crooker, M. D.
Jan - 10, 1923 (Address) Central City 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. d.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Chapman Cemetery Greenville Ky. Jan 12 1923
20 BURIAL TAKER McDonald & Witt ADDRESS Greenville Ky.

BE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Name of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should
STATE 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.