

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County MuhlenbergVet. Pct. Bremen

Inc. Town.....

Registration District No. 1086Primary Registration District No. 6815File No. 2164Registered No. 23City..... (No..... St., ..... Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME L. J. Stinson(a) Residence. No. Central City K. R. 2 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 W 5 Single Married Married  
Widowed  
or Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of W6 DATE OF BIRTH  
(Month) (Day) (Year)7 AGE 81 yrs. 2 mos. 13 ds. IF LESS than 1  
day hrs. or min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (city or town) Ky  
(State or country)PARENTS  
10 NAME OF FATHER Joseph Stinson  
11 BIRTHPLACE OF FATHER (city or town) (State or country)  
12 MAIDEN NAME OF MOTHER Elizabeth Hunt  
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky14 (Informant) Tamie Stinson  
(Address) Central City Ky15 Filed Feb 8, 1931 Delma Fish  
Dep. - Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 6, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from Feb 10, 1930, to Jan 4, 1931,  
that I last saw ~~him~~ alive on Jan 4, 1931,  
and that death occurred on the date stated above at M.  
The CAUSE OF DEATH\* was as follows:Cardi Renal 95(Duration) yrs. mos. ds.  
Contributory Edema  
(Secondary)(Duration) yrs. 2 mos. ds.

## 18 WHERE WAS DISEASE CONTRACTED

If not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) J. C. Woodburn, M. D.1-7, 1931 (Address) Greenville Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Cedar Grove Jan 7, 193120 UNDERTAKER ADDRESS  
J. B. Walker Bremen Ky

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.

REMARKS RESERVED FOR REGISTER