

Registration District No.

1085

Primary Registration District No.

2436

1. PLACE OF DEATH:

(a) County Muhlenberg
 (b) City or town Greenville
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution:
Greenville Hospital
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community 30 days
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Logan
 (c) City or town Russells
 (If outside city or town limits write RURAL)
 (d) Street No. Rhea Blvd.
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A. _____ year

3(a) FULL NAME

Ellen Ruth M. Stuart

3(b) If veteran,

Name war _____

3(c) Social Security

No. noneSex Female5. Color or race White6(a) Single, widowed, married, divorced Widowed5(b) Name of husband or wife Geo. Stuart5(c) Age of husband or wife if alive deceased years7. Birth date of deceased April 14 1959
(Month) (Day) (Year)8. AGE: Years 37 Months 3 Days 9 If less than one day _____ hr. _____ min.9. Birthplace Kentucky10. Usual occupation Housewife

11. Industry or business _____

12. Name S. J. Matlock13. Birthplace Ky14. Maiden name Elizabeth Ragan15. Birthplace Illinois16(a) Informant's own signature Mavis Stuart(b) Address Russells, Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Russells, Ky Date 7/21 194618(a) Signature of funeral director Beban & Beck(b) Address Russells, Ky19(a) 8/14/46 (b) Margaret Hodge
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 194621. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____, that I last saw him alive on _____ 19____, and that death occurred on the date stated above at 9:00 P.M.Immediate cause of death Cardiac failureDue to Coronary occlusionOther conditions None
(Include pregnancy within 3 months of death)

Major findings:

Of operations NoneOf autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place
in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature A. F. Brockman M.D.
(M. D. or other)Address Greenville, Ky Date signed 7/21/46DURATION
20 min6 wk.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.