

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 10287

1 PLACE OF DEATH

County Muhlenberg CoVot. Pct. Buck CreekRegistration District No. 1092

Registered No. _____

Ine. Town _____ Primary Registration District No. 68288City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME John W. Stewart

(a) Residence. No. _____ 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 White 5 Single Married
Married Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6 DATE OF BIRTH June 17, 1884
(Month) (Day) (Year)7 AGE 81 yrs. 9 mos. 21 ds. IF LESS than 1
day _____ hrs.
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work House(b) General nature of industry,
business or establishment in
which employed (or employer) _____9 BIRTHPLACE (city or town) Logan Co
(State or country)PARENTS
10 NAME OF FATHER John P. Stewart
11 BIRTHPLACE OF FATHER (city or town) Via
(State or country)
12 MAIDEN NAME OF MOTHER Caroline Barrow
13 BIRTHPLACE OF MOTHER (city or town) Logan Co Ky
(State or country)14 (Informant) L. N. Stewart
(Address) Buck Creek Ky15 Filed 5/6, 1930 Victor J. ...
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 7, 1930
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from March 2, 1930 to April 6, 1930
that I last saw him alive on April 6, 1930
and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:
CancerContributory Spasmodic Dyspepsia
(Secondary) and ...
(Duration) 12 yrs. mos. 7 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) W. E. Richardson, M. D.April 7, 1930 (Address) Buck Creek 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 Hazel Creek DATE OF BURIAL April 9, 193020 UNDERTAKER M. B. McDaniel ADDRESS Lumville Ky

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

All necessary 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 INDEXING