

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County MullensburgVot. Pat. Roosevelt

Inc. Town _____

City _____

Registration District No. 1099Primary Registration District No. 2870

File No. _____

Registered No. _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Mary Susan Stuart(a) Residence. No. Greenville R. R. #1 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 F 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Burrell S. Stuart
(or) WIFE of _____6. DATE OF BIRTH May 7 18607. AGE Years Months Days I LESS than 1 day hrs. or min.
73 11 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Mullensburg13. NAME M. J. Casper

14. BIRTHPLACE _____

15. MAIDEN NAME Martha M. Pless16. BIRTHPLACE Mullensburg17. INFORMANT M. J. Casper(Address) 1030 Oriin Blvd. Evansville Ind.

18. BURIAL, CREMATION, OR REMOVAL

Place Highland Date July 18, 193919. UNDERTAKER C. H. Pless(Address) Bowling Green, Ky.20. FILED 4-10-39 C. B. Wichtiffe
By H. Walls Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 9 193922. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1939 to Mar 31, 1939I last saw her alive on Mar 31, 1939, death is said to have occurred on the date stated above, at 12:45 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:Septicemia following abscess left lung Date of onset 3/20/39Contributory causes of importance not related to principal cause:
Influenza Acute 3/10/39Name of operation none Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ date of injury ✓ 1939Where did injury occur? ✓
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓
Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓(Signed) Charles Wilson, M. D.(Address) Greenville, Ky.

N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIANS and 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.

MARGIN RESERVED FOR BINDING