

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

8236

File No. 30

Registered No. 718

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

## 1 PLACE OF DEATH

County MackinburgVol. Pct. 47Registration District No. 1085Inc. Town ErwinPrimary Registration District No. 7489City 1/2

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

## 2 FULL NAME

Mary Francis Stuart

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH August 5, 1854  
(Month) (Day) (Year)

7 AGE 84 yrs. 7 mos. 7 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

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

9 BIRTHPLACE  
(State or country) Mackinburg Co Ky

10 NAME OF FATHER John A. Stuart

11 BIRTHPLACE OF FATHER  
(State or country) Mackinburg Co Ky

12 MAIDEN NAME OF MOTHER Nancy Jane Smith

13 BIRTHPLACE OF MOTHER  
(State or country) Mackinburg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernie Wherry(Address) Erwin Ky

15 Filed 3-12-1939 James O. Carter  
Registrar

## MEDICAL CERTIFICATE OF DEATH

6 DATE OF DEATH March 12, 1939  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1939, to Mar. 12, 1939,  
that I last saw her alive on Mar. 9, 1939,  
and that death occurred on the date stated above at 1:19 m.

The CAUSE OF DEATH\* was as follows:

Lobar Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yr. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) D. S. Argabrite, M. D.  
Mar 12, 1939 (Address) Greenville, 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 \_\_\_\_\_ In the  
of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted,

if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Hazel Creek DATE OF BURIAL 3-12-39

20 UNDERTAKER J. K. Kimmel ADDRESS Mackinburg