

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15957

1. PLACE OF DEATH

County MuhlenbergVol. Pct. Epohem 44

Inc. Town.....

City..... (No. St., Ward)

Registration District No. 7140

Primary Registration District No.

File No.

Registered No. 18

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

2 FULL NAME

Joseph Stewart

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 Single S
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH 2 / 2 / 1921
(Month) (Day) (Year)7 AGE 2 yrs. 2 mos. 2 ds.
IF LESS than 1 day ____ hrs. or ____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Ky.10 NAME OF FATHER Geo Stewart
Stewart11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER Liza Tyson13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Stewart(Address) Epohem Ky15 Filed 7/5, 1921 J. Kernerly Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 6, 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from....., 192....., to....., 192....., that I last saw h..... alive on....., 192....., and that death occurred on the date stated above at 4 a.m.The CAUSE OF DEATH* was as follows:
No. Bowel trouble
to doctor
(Duration) 2 mos. 2 ds.Contributory (Secondary).....
(Duration)..... yrs. mos. ds.(Signed)....., M. D.
....., 192..... (Address).....

*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 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 Reverend Hill 44 DATE OF BURIAL 7/6, 192120 UNDERTAKER H. J. Bend ADDRESS Epohem2. Cases in this family
no 2 or

MARGIN RESERVED FOR FINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be 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.