

**KENTUCKY STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

14487

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township _____ Primary Registration District No. _____
 City J.C. Mo. (No. 2418) Benton St. _____ Ward _____

File No. _____
 Registered No. 2014 St. _____ Ward _____

2. FULL NAME

James Alfred Stewart
 (a) Residence No. 2418 Benton St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 29 = 1844</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>2</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Side Walk Contractor</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Self</u> (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Sharkburg
 (STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER No Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Rose Bradson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14. INFORMANT Stanley G. Stewart
 (Address) 2418 Benton

15. FILED 5/1 31 M. M. Grove
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1931, to Apr 29, 1931, that I last saw him alive on Apr 29, 1931, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocardial insufficiency of the heart

CONTRIBUTORY (SECONDARY) 92 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Dr. Frank Watson, M. D.
5-1, 1931 (Address) 1120 Kialto
K.C. Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chenwood DATE OF BURIAL May 1, 1931

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

Mr. B. Frank Watson
Rialto Vi-0730
2401 Prospect Ch-6458

9 - Am.

AUG 7 1952