

Dist. No. 200

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Serial No. 839

CERTIFICATE OF DEATH

70 007229TYPE OR PRINT IN
PERMANENT INK
See handbook for
instructions

DECEASED—NAME 1. <u>John Davis Stuart</u>			SEX 2. <u>Male</u>	DATE OF DEATH (month, day, year) 3. <u>May 13, 1970</u>
RACE—White, Negro, American Indian, etc. (specify) 4. <u>White</u>	AGE—LAST BIRTHDAY (years) 5a. <u>69</u>	Under 1 year Mos. Days 5b.	Under 1 day Hours Min. 5c.	DATE OF BIRTH (month, day, year) 6. <u>4-27-01</u>
CITY, TOWN, OR LOCATION OF DEATH 7b. <u>Charleston</u>		INSIDE CITY LIMITS (Specify yes or no) 7c. <u>Yes</u>	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. <u>Charleston General Hospital</u>	
STATE OF BIRTH (if not in U.S.A., name country) 8. <u>Tenn.</u>	CITIZEN OF WHAT COUNTRY 9. <u>USA</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. <u>Married</u>	SURVIVING SPOUSE (if wife, give maiden name) 11. <u>Lucille Wiek Stuart</u>	
SOCIAL SECURITY NUMBER 12. <u>Unknown</u>	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. <u>Retired Gasoline Dealer</u>	KIND OF BUSINESS OR INDUSTRY 13b. <u>Petroleum</u>		
RESIDENCE—State 14a. <u>W. Va.</u>	County 14b. <u>Kanawha</u>	City, town, or location 14c. <u>Charleston</u>	INSIDE CITY LIMITS (specify yes or no) 14d. <u>Yes</u>	Street and number 14e. <u>1628 Quarrier St.</u>
FATHER—NAME 15a. <u>Clarence W. Stuart</u>		BIRTHPLACE (state or country) 15b. <u>Ohio</u>	MOTHER—MAIDEN NAME 16a. <u>Kathryn Davis</u>	BIRTHPLACE (state or country) 16b. <u>Ohio</u>
Was deceased ever in the U.S. armed forces? (Yes, no, or unknown) 17a. <u>No</u>	(If yes, give war or dates of service) 17b.	INFORMANT—SIGNATURE 18. <u>Lucille P. Stuart</u>		ADDRESS 18b. <u>Charleston, W. Va.</u>
CAUSE OF DEATH [enter only one cause per line for (a), (b), and (c)] 19. Part I. DEATH WAS CAUSED BY: <u>5719</u> IMMEDIATE CAUSE (a) <u>Hepatic failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } Due to (b) <u>Caroliopsis of liver</u> Due to (c)			Approximate interval between onset and death <u>3 weeks</u> <u>2-3 yrs</u>	
Part II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)			AUTOPSY (yes or no) 20a. <u>No</u>	If yes were findings considered in determining cause of death 20b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (specify) 21a.	DATE OF INJURY (month, day, year) 21b.	HOUR 21c.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 19) 21d.	
INJURY AT WORK (specify yes or no) 21e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (specify) 21f.	LOCATION (street or R.F.D. No., city or town, state) 21g.		
I attended the deceased from <u>4-20-70</u> to <u>5-13-70</u> and last saw the deceased alive on <u>5-13-70</u>				
22. Death occurred at <u>10:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
SIGNATURE 23a. <u>Victor Shuff</u>		(Degree or title) 23b. <u>M.D.</u>	ADDRESS 23b. <u>Charleston, W. Va.</u>	DATE SIGNED 23c. <u>5/18/70</u>
BURIAL, CREMATION, REMOVAL (Specify) 24a. <u>Burial</u>	CYMETERY OR CREMATORY—NAME 24b. <u>Mt. View</u>	LOCATION 24c. <u>Charleston</u>	CITY OR TOWN STATE <u>W. Va.</u>	
DATE (month, day, year) 24d. <u>May 15, 1970</u>	FUNERAL HOME—NAME AND ADDRESS (street or R.F.D. No., city or town, state, zip) 25a. <u>Barlow-Bonsall 1118 Virginia St. E. Charleston, WVa</u>			
FUNERAL DIRECTOR'S SIGNATURE 25b. <u>Joe E. Bonsall</u>	DATE SIGNED 25c. <u>5-20-70</u>	DATE REC'D BY LOCAL REG. 25d. <u>May 20, 1970</u>	REGISTRAR'S SIGNATURE <u>Agnes Gussel</u>	

DECEASED

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

PARENTS

CAUSE

CERTIFIER

BURIAL