

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

45521 R. O. V. S.
FORM D
Registered No. 7563

1 PLACE OF DEATH

County Tarrant

STANDARD CERTIFICATE OF DEATH

City Fort Worth

No. 2252 St. Alston

2 FULL NAME

Dr. A. Stuart

RESIDENCE. No. _____ St., _____

(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 Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6 DATE OF BIRTH

Aug 28 1873
(Month) (Day) (Year)

7 AGE

If less than 2 years state if breast fed _____ If less than 1 day _____
Yes _____ No _____ hrs. _____ min.

8 OCCUPATION

(a) Trade, profession or particular kind of work Oil Operator

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country) Pa.

10 NAME OF FATHER

John Stuart

11 BIRTHPLACE OF FATHER

Pa.

12 MAIDEN NAME OF MOTHER

Ellen Moser

13 BIRTHPLACE OF MOTHER

Pa.

14 THE ABOVE IS TRUE

(Informant) Mrs Wm. A. Stuart
Fort Worth Texas
(Address)

15 Filed OCT 15 1928

MEDICAL PARTICULARS

16 DATE OF DEATH

Oct 14 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Oct 14 1928 to Oct 14 1928

that I last saw him alive on Oct 14 1928 and that death occurred on the date stated above, at 8:40 am.

The CAUSE OF DEATH* was as follows:

Myocarditis, Auricular Fibrillation
Hypertension (duration) _____ yrs. _____ mos. _____ ds.
Contributory Hypertensive Congestion
(Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted?

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) John H. Sewall, M.D.
1015 1928 (Address) Presbyterian

*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 OR REMOVAL

State College Pa.

DATE OF BURIAL

10-18-28 1928

20 UNDERTAKER

Shelburne Funeral Home

ADDRESS