

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

130

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Groddell 49

Township Shiloh

or Town

Registration District No. 49-5629

Certificate No. 30

or City

(No. of hospital or other institution, give name instead of street number) St. Ward

2 FULL NAME William M. Stewart 363

PERSONAL AND STATISTICAL PARTICULARS

3 MALE OR FEMALE Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)

6 DATE OF BIRTH  
(Month) (Day) (Year)

7 AGE 91 yrs. 9 mos. 3 ds.  
If LESS than 1 day, hrs. or min.

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

9 BIRTHPLACE Groddell N.C.

10 NAME OF FATHER Ross Stewart

11 BIRTHPLACE OF FATHER Groddell Co  
(State or Country)

12 NAME OF MOTHER BEFORE MARRIAGE Betsy Allen

13 BIRTHPLACE OF MOTHER Groddell Co  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Henry Stewart

(Address) T Enola

15 Filed Jan 10, 1923 E. T. Morrison  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 24 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 20 1922 to Dec 24 1922  
that I last saw him alive on Dec 24 1922  
and that death occurred on the date above stated, at 3-30 a.m.

The CAUSE OF DEATH was as follows:  
Bronchial Pneumonia

(Duration) yrs. mos. ds.

Contributory Influenza  
(Duration) yrs. mos. ds.

(Signed) E. E. Little M. D.  
19 (Address) S. Statesville R. 6

\*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. In the State yrs. mos. ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Bethany DATE OF BURIAL Dec 25, 1922

20 UNDERTAKER Johnson & Home ADDRESS Statesville

WITH UNFADING BLACK 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.  
 PHYSICIAN should state CAUSE

## North Carolina, Deaths, 1906-1930 for Ross Stewart

### Record Index

---

**Name:** Ross Stewart  
**Gender:** Male  
**Birth Place:** Iredell Co.

### Source Information

---

**Record Url:** <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=FS1NorthCarolinaDeaths&h=156018>

**Source Information:** Ancestry.com. *North Carolina, Deaths, 1906-1930* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2014.  
Original data: *North Carolina, Deaths, 1906-1930*. Salt Lake City, Utah: FamilySearch, 2013.