

M. W. United Grand Lodge, A. F. & A. M.
(PRINCE HALL AFFILIATION)
OF IOWA

Application For Benefits Due From the Relief Department

To Mr. Henry A. Martin, Grand Master

Application is hereby made to the Relief Department of the Grand Lodge for benefits due on account of the death of Brother Abner C. Stewart late a member of Twin City Lodge No. 32, at Council Bluffs, Iowa.

1. Date and place of birth? June 15, 1864. Breckridge, Kentucky.
2. Date and place of death? Mar. 15, 1936. Phoenix, Arizona.
3. Has he been in good standing in the lodge for the past four years? Yes
4. If not, when did he last become a member?
5. Has he any heirs? Yes.
6. To whom shall the benefits be paid? Mrs. Mattie Stewart.
7. Relationship? Wife
8. Address No. 215 West Hadley St. Street
Post Office Phoenix State ARIZONA.
9. Remarks Bro. Abner C. Stewart was a faithfull member of Twin City Lodge, and he will be miss in our Lodge room.

We certify that the foregoing answers are correct to the best of our knowledge and belief.

(Seal)

Signed

Isaac J. Caldwell W. M.
Wm. A. Givens Sec'y.

Date of filing Mar. 21, 1936

Note When married women are mentioned, use full name.

you may send this
certificate back to us if
you want to.

Serial

No 36069

Arizona State Board of Health

STATE OF ARIZONA, }
County of Maricopa, } ss.

Geo. C. Truman, M. D., State Registrar of Vital Statistics in and for the State aforesaid and Secretary of the Arizona State Board of Health, do hereby certify that I have compared the annexed and foregoing document with the original record thereof as the same appears filed in the office of the Arizona State Board of Health in Volume.....3..... of 1936....., No.....; and that the same is a full, true and correct copy of such record and the whole thereof.

WITNESS my hand and seal of office this 17 day of March, 1936.....

By Geo. C. Truman

SECRETARY OF THE ARIZONA STATE BOARD OF HEALTH
STATE REGISTRAR OF VITAL STATISTICS

RESERVED FOR BINDING

JK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full. Exact statement of OCCUPATION is required.

N. B.—WRITE information in full. CAUSE OF DEATH in full. OCCUPATION is required.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

1. PLACE OF DEATH

BUREAU OF VITAL STATISTICS

STATE FILE NO. _____

COUNTY MaricopaSTATE ARIZONAREGISTERED NO. 350

TOWNSHIP _____

OR VILLAGE _____

OR _____

CITY Phoenix

NO. _____

ST. _____

WARD _____

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE

IN CITY OR TOWN WHERE DEATH OCCURRED 4 YRS. 4 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 4 YRS. 0 MOS. 0 DS.2. FULL NAME Abner C. StewartHOW LONG IN STATE WHEN DEATH OCCURRED 4 YRS. 0 MOS. 0 DS.(A) RESIDENCE: NO. 215 West Hadley St.

ST. _____

WARD. _____

(USUAL PLACE OF ABODE)

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Stewart6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1864

7 AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
<u>71</u>		<u>9</u>		

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Minister

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

PLACE (CITY OR TOWN) Breckridge
STATE OR COUNTY KentuckyNAME Henry StewartPLACE (CITY OR TOWN) Unknown
STATE OR COUNTY _____

MOTHER'S NAME _____

PLACE (CITY OR TOWN) _____
STATE OR COUNTY _____FORMANT Mattie Stewart
ADDRESS 215 West Hadley St.P. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Mem. Park DATE Mar. 19, 193619. EMBALMER { LICENSE NO. 196
SIGNATURE Tom King
FUNERAL DIRECTOR Reynolds Funeral Home
ADDRESS 1137 East Washington St.20. FILED Mar. 17, 1936 Neri F. Osborn,
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 15, 193622. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb. 25, 1936 TO Mar. 15, 1936I LAST SAW HIM ALIVE ON Mar. 15, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Myocarditis Chr.

DATE OF ONSET

notknown

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Enlarged Prostatenotknown

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____

WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY IN HOME, OR IN PUBLIC PLACE _____

MANNER OF INJURY _____

NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY _____

(SIGNED)

Geo. M. Brockway,
Phoenix, Arizona.

M. D.

(ADDRESS)