

D. V. S. Form 2

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

1. PLACE OF DEATH (Dist. No. 10 12) Series No. 39 Division of Vital Statistics
County Fayette (TO BE INSERTED BY LOCAL REGISTRAR) West Virginia State Department of Health
District Falls CERTIFICATE OF DEATH 16103
Town or City Gauley Bridge (FOR STATE REG. USE ONLY)
St. Ward
2. FULL NAME Sybil Elders
(a) Residence. No. St. Ward
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. A., if of foreign birth? yrs. mos. days.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE colored

5. Single, Married, Widowed, or Divorced (write the word) Not know

6. IF MARRIED WIDOWED OR DIVORCED Husband of (or) Wife of

7. AGE 25 Years Months Days If LESS than 1 day, hrs. or min.

8. TRADE, PROFESSION, or particular kind of work done, as spinner, weaver, bookkeeper etc.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 31 1931

22. I HEREBY CERTIFY That I attended deceased from Dec 31 1931 to Dec 31 1931. I had saw body alive on Dec 31, 1931, death is said to have occurred on the date stated above, at 10 PM.

The principal cause of death and related causes of importance in order of onset were as follows:
Struck by falling Dec Date of onset 186

Contributory causes of importance not related to principal cause:

12. BIRTHPLACE (city or town) (State or Country)

13. NAME

14. BIRTHPLACE (City or Town) (State or Country)

15. MAIDEN NAME

16. BIRTHPLACE (City or Town) (State or Country)

17. INFORMANT (Address)

18. CREMATION, OR BURIAL (Date) Buried sometime 1932

19. UNDERTAKER (Address) W. H. White

20. FILED Dec 31 1931 Mrs. L. E. Dambor Registrar

Name of operation none Date of

What test confirmed diagnosis? none

Was there an autopsy? no

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide Date of injury Dec 31 1931
Where did injury occur? No 2 Camp (Specify City or Town, County, and State)

Check whether injury occurred in (home) (public place)

Manner of injury he fell

Nature of injury Body crushed

24. Was disease or injury in any way related to occupation of deceased? no If, so specify none

(Signed) W. H. Mitchell M. D.
(Address) Gauley Bridge