

Goines, Marvin

Brown, Parker

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. 1027)

Series No. 41  
(To be inserted by local Registrar)

Division of Vital Statistics

County Fayette

West Virginia State Department of Health

District Falls

CERTIFICATE OF DEATH

**10248**

(For State Reg. use only)

Town or City Gauley Bridge

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Marvin Goines

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 days. How long in U. S. A., if of foreign birth? yrs. 0 mos. 0 days. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 Single, Married, Widowed or Divorced (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of (Give full maiden name)

6 DATE OF BIRTH (month, day and year)

7 AGE 24 Years Months Days If LESS than 1 day... hrs. or ... min.

8 OCCUPATION OF DECEASED Tunnel worker,  
(a) Trade, profession or particular kind of work steel nipper retde.  
(b) General nature of industry, business, or establishment in which employed (or employer) Tunnel construction,  
(c) Name of employer Rinehart & Dennis Co

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER James Goines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Milton South Carolina

12 MAIDEN NAME OF MOTHER Mattie Goines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Milton South Carolina

14 SIGNATURE OF INFORMANT (Address)

15 Received 9-10 1932 Mrs. J. S. Light REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 2nd, 1932 (Month, day and year) 1932

17 I HEREBY CERTIFY That I attended deceased from July 7th, 1932, to Sept. 2, 1932, that I last saw him alive on Sept. 1st, 1932, and that death occurred on date stated above, at 5:30 P.M.

The CAUSE OF DEATH was as follows: (Primary or beginning cause)

Acute Silicosis

114 (Duration) 1 yrs. 1 mos. 0 ds.

Contributory (Secondary or finishing cause)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted, At tunnel work, If not at place of death? Gauley Bridge, W. Va.

Did an operation precede death? No. Date of \_\_\_\_\_

Was there an autopsy? Yes

What test confirmed diagnosis? Fibrotic lungs.

(Signed) L. A. Harless M. D.

(Address) Gauley Bridge, W. Va.

19 PLACE OF BURIAL

Cremation or Removal

Date of Burial

20 Undertaker

Address