

Copy June

MARGIN RESERVED FOR BINDING  
N. B.—WRITERS ONLY, 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.

D. V. S.—Form 2

1. PLACE OF DEATH (Dist. No. 1011) Series No. 66  
 County Fayette (TO BE INSERTED BY LOCAL REGISTRAR)  
 District Falls Division of Vital Statistics  
 Town or City Hardy Bridge W. Camp #1 West Virginia State Department of Health  
**CERTIFICATE OF DEATH** 14527  
 (FOR STATE REG. USE ONLY)  
 2. FULL NAME W. W. Haines (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
 (a) Residence. No. Charleston W. Camp #1 St., \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred yrs. mos. days (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)  
 How long in U. S. A. if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED  
 Husband of \_\_\_\_\_  
 (or) Wife of FLORENCE RAMSEY

7. DATE OF BIRTH FEBRUARY 18 1900  
 (month, day, and year)

7. AGE Years \_\_\_\_\_ Months 8 Days 13 If LESS than day, hr. 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, mill, bank, etc. FABCOCK & WILCOX

10. DATE DECEASED LAST WORKED at this occupation (month and year)

11. TOTAL TIME (years) spent in this occupation

12. BIRTHPLACE (city or town) FREDRICKTON N. B.  
 (State or County)

13. NAME PETER HAYNES

14. BIRTHPLACE (city or town) CANADA  
 (State or Country)

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MRS. FLORENCE HAINES  
 (Address) CHARLESTON W. VA.

18. BURIAL, CREMATION, OR REMOVAL  
SUNSET MEMO PARK, CHAS. W. VA. II. 4, 34, 19

19. UNDERTAKER OWEN BARTH  
 (Address) CHARLESTON, WEST, VA. Embelmer's No. 2

MEDICAL CERTIFICATION OF DEATH

21. DATE OF DEATH (month, day and year) 11/1 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_ I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, death is said to have occurred on the date stated above, at \_\_\_\_\_

The principal cause of death and related causes of importance in order of causation were as follows:  
Pronounced patient died from drowning.

23. Unusual causes of importance not related to principal cause:  
183-17

Name of physician \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Usual

Was there an autopsy? NO

23. If death was due to external causes, fill in also the following  
 (Check Accident—Struck—Hanged—Date of injury 11/1 1934  
 Where did injury occur? Hardy Bridge  
 (Specify City or Town, County, and State)

Check whether injury occurred in industry  home  public place

Manner of injury Water consuming tube blew out

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? Yes, on \_\_\_\_\_ specify Daring regular work  
 (Signed) C. M. Stallard M. D.  
 (Address) Montgomery W. Va.

20. FILED 11/10 1934 Mrs. Jas. H. Parr  
 Registrar.