

Hicks, James

Haines, D.W.

D. V. S. Form 2
PHYSICIANS should state
Exact statement of OCCUPATION

MARGIN RESERVED FOR BINDING
WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of
information should be carefully supplied. AGE should be stated EXACTLY.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back of certificate.

1. PLACE OF DEATH (Dist. No. 1012) Series No. 13
 County Mingo (TO BE INSERTED BY LOCAL REGISTRAR)
 District Wells
 Town or City Gauley Bridge, W. Va.
 Division of Vital Statistics
 West Virginia State Department of Health
 CERTIFICATE OF DEATH 6223
 (FOR STATE REG. USE ONLY)
 2. FULL NAME James Hicks
 (a) Residence No. Warrental 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 Colored 5. Single, Married, Widowed, or Divorced (write the word) Married
 6. IF MARRIED, WIDOWED OR DIVORCED, Husband of (or) Wife of Miss James Hicks
 7. DATE OF BIRTH (month, day, and year) 1889
 7. AGE 42 Years Months Days IF LESS than 1 day, hrs. or min.
 8. TRADE, PROFESSION, or particular kind of work done, as spinner, Sawyer, 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) _____ occupation _____
 11. TOTAL TIME (years) spent in this occupation _____
 12. BIRTHPLACE (city or town) (State or Country) Ammon, S.C.
 13. NAME _____
 14. BIRTHPLACE (City or Town) (State or Country) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (City or Town) (State or Country) _____
 17. INFORMANT (Address) James Hicks, Gauley Bridge, W. Va.
 18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____
 19. UNDERTAKER (Address) W. H. White, Gauley Bridge, W. Va.
 20. FILED May 17, 1931 W. H. White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14, 1931
 22. I HEREBY CERTIFY, That I attended deceased from _____ to _____ I last saw him alive on _____ death seemed to have occurred on the date stated above, at 7:00 P.M. m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Killed by Rock
Fall
186
 Contributory causes of importance not related to principal cause:
 Name of operation _____ Date of _____
 What last confirmed diagnosis? _____
 Was there an autopsy? _____
 23. If death was due to external causes, fill in also the following:
 (Check) Accident—Suicide—Homicide Date of Injury May 14, 1931
 Where did injury occur? Gauley Bridge, W. Va.
 (Specify City or Town, County, and State)
 Check whether injury occurred in industry home public place
 Manner of Injury Rock Fall
 Nature of Injury Head Crushed
 24. Was disease or injury in any way related to occupation of deceased? Yes
 Specify working in tunnel
 (Signed) W. H. White M. D.
 (Address) Gauley Bridge