

Johnson, Raymond

Caldwell, Henry

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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. 1011) Series No. 75 Division of Vital Statistics  
 County Fayette (TO BE INSERTED BY LOCAL REGISTRAR)  
 District Falls West Virginia State Department of Health  
 Town or City Gamoca No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
 2. FULL NAME Raymond Johnson  
 (a) Residence No. \_\_\_\_\_ 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.

14533

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 \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) December 18, 1895

7. AGE Years 38 Months 11 Days 2 If LESS than day, hrs. or min.

8. TRADE, PROFESSION or particular kind of work done, as engineer, lawyer, bookkeeper, etc. Miner and laborer

9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc. Coal mines and tunnel work.

10. DATE DECEASED LAST WORKED at this occupation (month and year) \_\_\_\_\_ 11. TOTAL TIME (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATION OF DEATH

21. DATE OF DEATH (month, day and year) November 20 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20 1932 to Nov. 20th 1934, I last saw him alive on Nov. 14 1934, death is said to have occurred on the date stated above, at 4:50 P. M.

The principal cause of death and related causes of importance in order of cause were as follows:

Silicosis Date of onset 1931

Contributory causes of importance not related to principal cause: Cardiac disease 114 Unknown

12. BIRTHPLACE (city or town) (State or County) Fayette Co., W. Va.

12. NAME Davis L. Johnson

14. BIRTHPLACE (city or town) (State or Country) Clay Co., W. Va.

15. MOTHER'S MAIDEN NAME Mary Luvena Wade

16. BIRTHPLACE (City or Town) (State or Country) Braxton Co., W. Va.

17. INFORMANT Mrs. Charley Jones (Address) Gamoca, W. Va.

18. BURIAL, CREMATION, OR REMOVAL  
 Place On hauly Date Nov 22, 1934

19. UNDERTAKER B. C. Neaper (Address) W. Va.

20. FILED 12/10 1934 Registrar

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_

What test confirmed diagnosis? Clinical symptoms and X-ray findings

Was there an autopsy? No

23. If death was due to external cause, fill in also the following:  
 (Check) Accident - Suicide - Homicide Date of injury \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify City or Town, County, and State)  
 Check whether injury occurred in industry \_\_\_\_\_ home \_\_\_\_\_ public place \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
 specify Work in tunnel construction

(Sign) H. A. Harris M. D.  
 (Address) Gauley Bridge, W. Va.