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MARGIN RESERVED FOR BINDING  
N. B. DATE PLATE NO. WITH UNFADING INK THIS IS A PERMANENT RECORD. Every copy 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

STANDARD CERTIFICATE OF DEATH

West Virginia State Department of Health

1727

1. PLACE OF DEATH At home

County Fayette

Town or City Gamoca

District Falls

Registered No. 1

(Dist. No. 10/2)

No. \_\_\_\_\_ Street \_\_\_\_\_

1a. PLACE OF RESIDENCE: STATE W. Va.

(If death occurred in a hospital or institution, give its name instead of street and number)

County Fayette

Town or City Gamoca

District Falls

(Dist. No. \_\_\_\_\_)

No. \_\_\_\_\_ Street \_\_\_\_\_

2. FULL NAME Charley Jones

(Local Registrar's Serial No. \_\_\_\_\_)

PERSONAL AND STATISTICAL PARTICULARS

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

6a. IF MARRIED, WIDOWED, OR DIVORCED  
Husband of Emma Jones  
(or) Wife of \_\_\_\_\_

6. DATE OF BIRTH Nov. 28, 1888  
(month, day, and year)

7. AGE Years 52 Months 1 Days 25 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. TRADE PROFESSION or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner

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

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

11. TOTAL TIME (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country) Putnam Co., W. Va.

13. NAME \_\_\_\_\_

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT Emma Jones  
(Address) Gamoca, W. Va.

18. BURIAL, CREMATION, OR REMOVAL  
Place Gamoca Date Jan. 25, 1941

19. FUNERAL DIRECTOR (Signature) B. C. Diepfer Moulton  
(Address) \_\_\_\_\_  
Fr. Dir. License No. 360 Embalmer No. 2327

20. FILED Feb 10 1941 Mrs J. C. Dunbar  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 23, 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1940 to January 23, 1941, I last saw him alive on Jan. 22, 1941, death is said to have occurred on the date stated above, at 8:40 A. M. m.

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

Silicosis  
Cardiac dilatation  
Pulmonary oedema

Other contributory causes of importance: 640

Date of onset 1932  
Dec. 1940  
Jan. 1941

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

What test confirmed diagnosis \_\_\_\_\_ Was there any autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify City or Town, County, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes if so, specify Tunnel work, 1930-31

(Signed) L. B. Harless M. D. 5  
(Address) Gauley Bridge, W. Va.