**STANDARD CERTIFICATE OF DEATH**

West Virginia State Department of Health

1. **PLACE OF DEATH**
   - At home

   County: Fayette
   Town or City: Gamboa

   District: Falls

2. **PLACE OF RESIDENCE**
   - STATE: W. Va.

   County: Fayette
   Town or City: Gamboa

3. **FULL NAME**
   - Charley Jones

   (Local Registrar's Serial No.)

4. **PERSONAL AND STATISTICAL PARTICULARS**

   - SEX: Male
   - COLOR OR RACE: White
   - MARRIED

5. **DATE OF BIRTH**
   - DAY: Nov. 28, 1886
   - MONTH: (month, day, and year)

6. **AGE**
   - Years: 52
   - Months: 1
   - Days: 26
   - IF LESS THAN 1 yr., indorse: [Indorse here]

7. **CAUSE OF DEATH**
   - Coal miner

8. **DATE OF DEATH**
   - January 23, 1931

   (month, day and year)

9. **MANNER OF DEATH**
   - Natural

10. **WHERE DEATH OCCURRED**

11. **NAME**

12. **BIRTHPLACE**

13. **BIRTHPLACE (city or town)**

14. **MOTHER'S NAME**

15. **MOTHER'S MARRIED NAME**

16. **BIRTHPLACE (city or town)**

17. **MOTHER'S MARRIED NAME**

18. **INFORMANT (Name)**

19. **INFORMANT (Address)**

20. **BURIAL, CREMATION, OR REMOVAL**

21. **NATURE OF INJURY**

22. **WHERE INJURY OCCURRED**

23. **MANUAL OF DEATH**

24. **DATE OF DEATH**

25. **CAUSE OF DEATH**

26. **MEDICAL CERTIFICATE OF DEATH**

   - Silicosis
   - Cardiac dilatation
   - Pulmonary edema

27. **DATE OF DEATH**

   - January 23, 1931

   (month, day and year)

28. **SIGNATURES**

   - Registrar
   - Medical Certifying Physician

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http://www.wvculture.org/vrr/va_view.aspx?id=1067458&type=Death

1/11/2009