

Jones, Charlie

D. V. S. Form 2

STANDARD CERTIFICATE OF DEATH

1857

West Virginia State Department of Health

MARGIN RESERVED FOR BINDING INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIAN 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 MCKeudree Emergency Hospital Registered No. 9
 County Fayette District Sehinnant (Dist. No. 1163)
 Town or City MCKeudree, W.V. No. _____ Street _____

1a. PLACE OF RESIDENCE: STATE W.V. Length of residence where death occurred _____ yrs. _____ mos. _____ ds.
 (If not same as place of death)
 County Fayette District _____ (Dist. No. _____)
 Town or City Sauley Bridge, W.V. No. _____ Street _____

2. FULL NAME Charlie Jones
 (Loc. Registrar's Serial No. _____)

PERSONAL AND STATISTICAL PARTICULARS

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

6a. IF MARRIED, WIDOWED, OR DIVORCED
 Husband of _____ (or) Wife of _____

6. DATE OF BIRTH March 5, 1883
 (month, day, and year)

7. AGE Years 52 Months 11 Days 5 IF LESS than 1 day, hrs. or min.

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

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) _____ 11. TOTAL TIME (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-3-36 to 2-10-36, I last saw him alive on 2-10-36, death is said to have occurred on the date stated above, at 11:44 P.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia of Lung Mediastinum

Date of onset _____

Other contributory causes of importance:
Silicosis

Name of operation none Date of _____
 What test confirmed diagnosis clinical Was there any autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 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?
 If so, specify _____
 (Signed) Robert C. Hatfield M. D.
 (Address) MCKeudree, W.V.

12. BIRTHPLACE (city or town) _____ (State or Country) _____

13. NAME Information

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

15. MAIDEN NAME _____

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

17. INFORMANT (Address) _____

18. BURIAL, CREMATION, OR REMOVAL
 Place Green Hill Date 2/14, 1936

19. FUNERAL DIRECTOR (Signature) Ed Collins
 (Address) Sehinnant, W.V. License No. _____

20. FILED 3/9, 1936 R. D. Oyley Registrar.