

MARGIN RESERVED FOR BINDING. D. V. S.—Form 2. 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. 1031) Series No. 116 Division of Vital Statistics  
 County Marshall West Virginia State Department of Health  
 District Kanawha CERTIFICATE OF DEATH 8808  
 Town or City Montgomery No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
 2. FULL NAME Lindsay Jones  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)  
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. A., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>Col.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			21. DATE OF DEATH (month, day and year) <u>June 23, 1931</u>	
6a. IF MARRIED WIDOWED OR DIVORCED Husband of _____ (or) Wife of _____				22. I HEREBY CERTIFY, That I attended deceased from _____ <u>June 18, 31</u>		
6. DATE OF BIRTH (month, day, and year)				19 _____ to <u>June 23, 1931</u> I last saw _____ alive on <u>June 23, 1931</u> death is said to have occurred on the date stated above, at <u>three p.m.</u>		
7. AGE <u>36</u>	Years	Months	Days	The principal cause of death and related causes of importance in order of onset were as follows: Date of onset <u>Pneumonia, lobar, right upper</u> <u>108</u> <u>June 15, 1931</u>		
8. TRADE, PROFESSION, or particular kind of work done, as spinner, weaver, bookbinder, etc.				Contributory causes of importance not related to principal cause: <u>none</u>		
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		
12. BIRTHPLACE (city or town) (State or Country)				Name of operation <u>none</u> Date of _____		
13. NAME				What test confirmed diagnosis? <u>Clinical</u>		
14. BIRTHPLACE (City or Town) (State or Country)				Was there an autopsy? <u>no</u>		
15. MAIDEN NAME				23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury _____		
16. BIRTHPLACE (City or Town) (State or Country)				Where did injury occur? _____ (Specify City or Town, County, and State)		
17. INFORMANT (Address)				Check whether injury occurred in industry _____ home _____ public place _____		
18. BURIAL, CREMATION, OR REMOVAL (Place) <u>Same as above June 24, 31</u>				Manner of injury _____		
19. UNDERTAKER (Address) <u>W. H. White</u>				Nature of injury _____		
20. FILE <u>July 21, 1931 Mrs. Jacob Parr</u> Registrar				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> Specify _____		
				(Signed) <u>W. H. White</u> M. D. (Address) <u>Montgomery, W. V.</u>		