

D. S. Form 2
 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. 48 Division of Vital Statistics
 County Jayette (To be inserted by local Registrar) West Virginia State Department of Health #19
 District Falls CERTIFICATE OF DEATH #7460
 Town or City Hamoca W.V. No. _____ St. _____ Ward _____
 2 FULL NAME Shirley Jones (If non-resident give city or town and state)
 (a) Residence. No. Hamoca W.V. 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

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Single
 5a If married, widowed or divorced HUSBAND of (or) WIFE of (Give full maiden name)
 6 DATE OF BIRTH Feb 26 1914
 7 AGE Years 18 Months 3 Days 22 If LESS than 1 day... hrs. or min.
 8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work State Mill Paper
 (b) General nature of industry, business, or establishment in which employed (or employer) Tunnel Work
 (c) Name of employer Hamoca + Lewis
 9 BIRTHPLACE (city or town) (State or country) Hamoca W.V.
 10 NAME OF FATHER Charley Jones
 11 BIRTHPLACE OF FATHER (city or town) (State or country) Putman Co W.V.
 12 MAIDEN NAME MOTHER Emma Johnson
 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Putman Co W.V.
 14 SIGNATURE OF INFORMANT Charley Jones (Address) Hamoca W.V.

15 Received 7/14 - 1932 Mrs. J. S. H. Pass REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 18 1932
 17 I HEREBY CERTIFY That I attended deceased from Apr. 20 1932 to June 16 1932, that I last saw him alive on June 16 1932, and that death occurred on (date stated above, at 6:30 A.M.)
 The CAUSE OF DEATH was as follows: (Primary or beginning cause) Silicosis
 (Duration) 114 yrs. mos. ds.
 Contributory (Secondary or failing cause) _____ (Duration) yrs. mos. ds.
 18 Where was disease contracted? Tunnel work
 If not at place of death? _____
 Did an operation precede death? No Date of _____
 Was there an autopsy? Yes
 What test confirmed diagnosis? Pathology found
 (Signed) H. H. Hester M. D.
 (Address) Stanley Bridge, W.V.
 19 PLACE OF BURIAL Hamoca W.V.
 Cremation or Removal _____
 Date of Burial June 20, 32 20 Undertaker B. H. Hester
 Address Montgomery W.V.