

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist No. 100

CERTIFICATE OF DEATH

State File No. 3996Serial No. 113

1. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Clayton c. (Last) Kincaid 2. DATE OF DEATH (Month) (Day) (Year) Feb 11 1954

3. PLACE OF DEATH a. COUNTY Fayette 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE W. Va. b. COUNTY Fayette

b. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Montgomery c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Victor

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Laird Memorial Hospital d. STREET ADDRESS (If rural, give location) /

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 8 1894 9. AGE (In years) 59 If under 1 year: Month 5 Days 13 If under 24 hrs: Hours Min.

10. USUAL OCCUPATION Teamster 10a. KIND OF BUSINESS OR INDUSTRY 4 11. BIRTHPLACE (State or foreign country) Victor, W. Va. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Kincaid 14. MOTHER'S MAIDEN NAME Susian Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service 16. SOCIAL SECURITY No. 17. INFORMANT Mrs. O. H. Bays. (Sister)

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia of decompensation of cor pulmonale INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES DUE TO (b) Emphysema of lungs

DUE TO (c) Fibrosis of pleura 502X

II. OTHER SIGNIFICANT CONDITIONS Bronchitis Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) Year (Hour) 21e. INJURY OCCURRED While at Work Not While at Work 21f. HOW DID INJURY OCCUR? 21g. INQUEST Yes No

22. I hereby certify that I attended the deceased from February 6, 1954 2-11-54, 1954, that I last saw the deceased alive on 2-11, 1954, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. C. Samano 23b. ADDRESS Montgomery, West Virginia 23c. DATE SIGNED 3-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 2/13/54 24c. NAME OF CEMETERY OR CREMATORY Terry Cem. Victor, W. Va 24d. EMBALMER'S SIGNATURE Frank C. Thomas Lic. No. 654

DATE REC'D BY LOCAL REG. 4-7-54 REGISTRAR'S SIGNATURE Eugene Kempsey 25. FUNERAL DIRECTOR'S (Signature) Frank C. Thomas Lic. No. 384

VS-002 (3-31-49)

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

This becomes a legal record when properly filed and will be placed in permanent file.

Write plainly with permanent ink or typewriter.

Physician last in attendance must state cause of death and sign medical certificate. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certificate. Power of signature cannot be delegated.

Cause of death.

Enter only one cause per line for A.B.C.* This does not mean mode of dying such as heart failure, asthemia, etc., it means the disease, injury or complication which caused death.

Funeral director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.

Items are to be complete and accurate.