

Littlejohn, Mary

Powell, Will

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. 1012) Series No. 13  
County Fayette (TO BE INSERTED BY LOCAL REGISTRAR)  
District Halls  
Town or City Ganley Bridge No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Mary Littlejohn  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred yrs. mos. days (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)  
How long in U. S. A., if of foreign birth yrs. mos. days

Division of Vital Statistics  
West Virginia State Department of Health  
CERTIFICATE OF DEATH  
6147  
(FOR STATE REG. USE ONLY)

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX Female 4. COLOR OR RACE Colored 5. Single, Married, Widowed, or Divorced (write the word)  
6a. IF MARRIED, WIDOWED, OR DIVORCED Husband of \_\_\_\_\_ (or) Wife of \_\_\_\_\_  
8. DATE OF BIRTH (month, day, and year) \_\_\_\_\_  
7. AGE Years 40 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
9. TRADE, PROFESSION, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
10. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc.  
11. DATE DECEASED LAST WORKED at this occupation (month and year) \_\_\_\_\_ occupation \_\_\_\_\_  
11. TOTAL TIME (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (month, day and year) April 23, 1932  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ death is said to have occurred on the date stated above, at 4:20 P.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Killed by knife  
wounded over head  
throat, left arm  
Right leg  
Contributory causes of importance not related to principal cause:  
174

12. BIRTHPLACE (city or town) Greenville, S.C. (State or Country)  
13. NAME Don't know  
14. BIRTHPLACE (City or Town) Don't know (State or Country)  
15. MAIDEN NAME Don't know  
16. BIRTHPLACE (City or Town) Don't know (State or Country)  
17. INFORMANT (Address) \_\_\_\_\_  
18. BURIAL, CREMATION, OR REMOVAL Place \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_  
19. UNDERTAKER (Address) Edley White  
20. FILED Apr 24 1932 Mrs J. L. Dumban Registrar

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none  
Was there an autopsy? no  
23. If death was due to external cause, fill in also the following:  
(Check) Accident—Suicide—Homicide? Date of injury April 23 1932  
Where did injury occur? W. I. Camp Fayette Co. W. Va. (Specify City or Town, County, and State)  
Check whether injury occurred in industry home  home  public place  
Manner of injury Killed by knife  
Nature of injury Fractured wounds by knife  
24. Was disease or injury in any way related to occupation of deceased? no If, so, specify \_\_\_\_\_  
(Signed) W. Mitchell M. D.  
(Address) Ganley Bridge