

Mornson, (?) John

MARGIN RESERVED FOR BINDING
D. V. S. Form 2
N. B. WRITE IN INK 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. 1022)

Series No. 10

Division of Vital Statistics

County Wayne

West Virginia State Department of Health

District Waynesboro

CERTIFICATE OF DEATH

3137

Town or City Waynesboro

No. W. Jail St. Ward

2. FULL NAME John Mornson

(a) Residence No. County Jack Dep see 6024

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.

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED (Specify date)

7. DATE OF BIRTH (month, day, and year)

7. AGE Year 35 Months Days If LESS than day, hrs. or min.

8. TRADE, PROFESSION or particular kind of work done, as spinster, sawyer, bookkeeper, etc. Labourer

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 County) Unknown

13. NAME

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 Summit Date 4-3-34

19. UNDERTAKER (Address) Thermon Embalmer's No. 145

20. FILED 4/1 1934 E. L. Korman Registrar

MEDICAL CERTIFICATION OF DEATH

21. DATE OF DEATH (month, day and year) April 1 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 24 to April 1 1934. I last saw alive on April 1 1934. Death is said to have occurred on the date stated above at

The principal cause of death and related causes of importance in order of onset were as follows:
Salmonella

Contributory causes of importance not related to principal cause:

Name of operation Date of

What last confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause, fill in also the following (Check) Accident—Suicide—Homicide Date of injury 19

Where did injury occur? (Specify City or Town, County, and State)

Check whether injury occurred in industry home public place

24. Was disease or injury in any way related to occupation of deceased? If so specify Wash in Handgren

(Signed) H. H. Pussett M. D. (Address) Waynesboro W. Va.