

MARGIN RESERVED FOR BINDING  
 V. S.—Form 2  
 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. 14 Division of Vital Statistics  
(TO BE INSERTED BY LOCAL REGISTRAR)  
 County Fayette West Virginia State Department of Health  
 District Falls CERTIFICATE OF DEATH 10013  
(FOR STATE REG. USE ONLY)  
 Town or City Marionetta No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
 2. FULL NAME George Robinson  
 (a) Residence. No. Marionetta 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 Caucasian 5. Single, Married, Widowed, or Divorced (write the word) Married  
 6. IF MARRIED, WIDOWED, OR DIVORCED  
 Husband of (or) Wife of Mary Robinson  
 7. AGE Years 57 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. TRADE, PROFESSION or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Miner  
 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) \_\_\_\_\_ II. TOTAL TIME (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (city or town) (State or County) W. Va.  
 13. NAME \_\_\_\_\_  
 14. BIRTHPLACE (city or town) (State or Country) \_\_\_\_\_  
 16. MAIDEN NAME \_\_\_\_\_  
 18. BIRTHPLACE (City or Town) (State or Country) \_\_\_\_\_  
 17. INFORMANT J. B. Murray  
 (Address) Marionetta  
 18. BURIAL, CREMATION, OR REMOVAL  
 Place Marionetta Date July 12, 1936  
 19. UNDERTAKER Signature J. B. Murray  
 (Address) \_\_\_\_\_ License No. \_\_\_\_\_

21. FILED 7-12-36 J. B. Murray  
 Registrar

**MEDICAL CERTIFICATION OF DEATH**  
 21. DATE OF DEATH (month, day and year) July 7, 1936  
 22. I HEREBY CERTIFY that I attended deceased from June 1 to July 7, 1936 I last saw him alive on June 30, 1936 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 descent were as follows:  
Heart trouble  
Myocarditis chronic  
Arteriosclerosis  
Hypertension  
 Contributory causes of importance not related to principal cause: 93  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test 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 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify City or Town, County, and State)  
 Check whether injury occurred in industry \_\_\_\_\_ home \_\_\_\_\_ public place \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? If so, specify Dr. Daniels attended  
 (Signed) Dr. Daniels M. D.  
 (Address) Marionetta, Fayette County, W. Va.

1885  
 +15  
 +36  
 1936