

Robinson, Willie

Street, Lewis Walter

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. 1063) Series No. 39 Division of Vital Statistics
(TO BE INSERTED BY LOCAL REGISTRAR)

County FAYETTE West Virginia State Department of Health
District QUINNIMONT, CERTIFICATE OF DEATH 8321
Town or City McKENDREE EMERGENCY HOSPITAL (FOR STATE REG. USE ONLY) No. St. Ward
(IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME WILLIE ROBINSON, McKENDREE, W. VA.,
(a) Residence. No. 249-22nd. ST. BIRMINGHAM ALA. 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 foreign birth yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX MALE,	4. COLOR OR RACE COLORED,	5. Single, Married, Widowed, or Divorced (write the word) Do not know		
5a. IF MARRIED, WIDOWED, OR DIVORCED Husband of (or) Wife of <u> </u>				
6. DATE OF BIRTH (month, day, and year) OCTOBER, 1904				
7. AGE	Years	Months	Days	IF LESS than day. hr. or min.
	29	9		
8. TRADE, PROFESSION or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.				
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) 				
12. BIRTHPLACE (city or town) BIRMINGHAM, ALA. (State or County)				
13. NAME DECEASED, <i>George Still alive</i>				
14. BIRTHPLACE (city or town) ALABAMA (State or Country) <i>George's wife's name</i>				
15. MAIDEN NAME MARY ROBINSON,				
16. BIRTHPLACE (City or Town) BIRMINGHAM ALA., (State or Country)				
17. INFORMANT <i>Armed Col. man at Gauley Bridge</i> (Address)				
18. BURIAL, CREMATION, OR REMOVAL Place SUMMERLEE W. VA., Date JULY, 25th 33				
19. UNDERTAKER C. B. COLLINS, THURMOND, W. VA., (Address)				
20. FILED 8/7/33 <i>Walter Lewis Street</i> Registrar				

MEDICAL CERTIFICATION OF DEATH	
21. DATE OF DEATH (month, day and year) JULY, 24th. 1933	10
22. I HEREBY CERTIFY, That I attended deceased from JULY, 24th. 1933 at 3K A.M. I last saw him in alive on JULY, 24th. 1933 , death is said to have occurred on the date stated above, at 5 K. A.M. The principal cause of death and related causes of importance in order of onset were as follows: SHOCK FOLLOWING HEMORRHAGE, FROM STAB, LACERATED AND INJURED WOUNDS, 174 Contributory causes of importance not related to principal cause: LABORER ON ELECTRIC CONSTRUCTION JOB AT GAULEY BRIDGE, W. VA., Name of operation No. Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external cause, fill in also the following: YES, (Check) Accident—Suicide—Homicide? Date of injury 7-23rd. 1933 Where did injury occur? GAULEY BRIDGE, W. VA., (Specify City or Town, County, and State) Check whether injury occurred in industry home public place Manner of injury STABBED AND BADLY CUT BY ANOTHER MAN, Nature of injury WOUNDS OF LEFT NECK, CHEEK, AND RIGHT BACK 24. Was disease or injury in any way related to occupation of deceased? If, so specify (Signed) W. D. Dent M. D. (Address) McKendree W. Va.	