

MARGIN RESERVED FOR BINDING. P. S.—Form 2
N. B.—WRITE MAINLY 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. 1091) Series No. 47 Division of Vital Statistics
 County Fayette (TO BE INHERITED BY LOCAL REGISTRAR)
 District Rainbow West Virginia State Department of Health
 Town or City Mount Pleasant No. 1st Valley Hospital Ward 3166
 (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
 2. FULL NAME Walter Saunders
 (a) Residence. No. Glenn Ferris West 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 Col 5. Single, Married, Widowed, or Divorced (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED
 Husband of _____
 (or) Wife of _____

8. DATE OF BIRTH Feb 27 - 1894

7. AGE Years _____ Months no Days 18 If LESS than day _____ hrs. _____ or min. _____

8. TRADE, PROFESSION or particular kind of work done as spinner, lawyer, bookkeeper, etc. Labor

9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc. Labor

10. DATE DECEASED LAST WORKED at this occupation (month and year) Feb 20-34 11. TOTAL TIME (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) (State or Country) Eagle, W. Va.

FATHER
 13. NAME Chil Saunders
 14. BIRTHPLACE (city or town) (State or Country) Sum Hill, W. Va.

MOTHER
 15. MAIDEN NAME Susie
 16. BIRTHPLACE (City or Town) (State or Country) Wahneon

17. INFORMANT Dorothy Bonds
 (Address) Bonnet Wagon

18. BURIAL, CREMATION, OR REMOVAL
 Place Diamond Date Mar 17, 1934

19. UNDERTAKER P. T. Bond
 (Address) Montgomery, W. Va.

20. FILED April 10, 1934
Wm J. Parr Registrar

MEDICAL CERTIFICATION OF DEATH

21. DATE OF DEATH (month, day and year) March 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1934 to March 13, 1934. I last saw him alive on March 13, 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 merit were as follows:
Lobar pneumonia Date of onset Feb 27, 1934
none
 Contributory causes of importance not related to principal cause:
none

Name of operation none Date of _____
 What test confirmed diagnosis? Usual Clinical Exam
 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 _____
 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? no If so, specify _____
 (Signed) W. J. Parr M. D.
 (Address) Montgomery, W. Va.