

Scott, Joe

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.

D. V. S.—Form 2

1. PLACE OF DEATH (Dist. No. 1012) Series No. 8
 County Martinsburg (TO BE INSERTED BY LOCAL REGISTRAR)
 District Halls Division of Vital Statistics
 Town or City Gaulin Bridge, W. Va. West Virginia State Department of Health
 CERTIFICATE OF DEATH 4811
 (FOR STATE REG. USE ONLY)
 (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) St. _____ Ward _____

2. FULL NAME Joe Scott
 (a) Residence No. M 2 St. _____ Ward _____
 (USUAL PLACE OF ABODE)
 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. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH (month, day and year) <u>May 1 1934</u>	
6. IF MARRIED WIDOWED OR DIVORCED Husband of _____ (or) Wife of _____				22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ I last saw _____ on _____ 19____, Death is said to have occurred on the date stated above, at <u>11:15 a.m.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Did not see man alive</u> <u>Over come by Gas</u> <u>James following</u> <u>Explosion in Tunnel.</u> Contributory causes of importance as related to principal cause _____ Date of onset _____	
7. AGE Years <u>45</u> Months _____ Days _____ IF LESS than 1 day, hrs. _____ or min. _____	8. TRADE, PROFESSION, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Laborer</u>		10. DATE DECEASED LAST WORKED at this occupation (month and year) _____		
9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc.		11. TOTAL TIME (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or Country) <u>Tenn.</u>					
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 <u>Mount Zion Church - Martinsburg, W. Va.</u>					
19. UNDERTAKER (Address) <u>Gaulin Bridge, W. Va.</u>					
20. FILED <u>May 2 1934</u> Registrar, _____					
Name of operation <u>none</u> Date of _____				What test confirmed diagnosis? <u>none</u>	
Was there an autopsy? _____					
22. If death was due to external causes, 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 _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Garley Budge</u> M. D. (Address) _____					