

Smith, ? (John)

Means, Charles

1953012 0000240

MARGIN RESERVED FOR BINDING
D. V. S.—Form 2
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. 1031) Series No. 61
(TO BE INSERTED BY LOCAL REGISTRAR) Division of Vital Statistics

County Jayette West Virginia State Department of Health

District Kanawha CERTIFICATE OF DEATH

3241
(FOR STATE REG. USE ONLY)

Town or City Montgomery Ave No. Cool Valley Hosp St. Ward
(IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME John Smith
(a) Residence. No. Rhinest Dennis Camp Ward Ward
(USUAL PLACE OF ABODE) Bowling Ridge, W. Va. (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 M
4. COLOR OR RACE Eu
5. Single, Married, Widowed, or Divorced (with the word) Single
6. IF MARRIED WIDOWED OR DIVORCED Husband of (or) Wife of _____
7. DATE OF BIRTH (month, day, and year) _____
7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
about 28 yrs.
8. TRADE, PROFESSION, or particular kind of work done, as sponsor, 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) _____ occupation _____
11. TOTAL TIME (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day and year) April 2 1931
22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1930 to Apr 2 1930. I last saw him alive on April 1 1931. death is held to have occurred on the date stated above at 7:30 a.m.
The principal cause of death and related causes in order of their importance as follows:
Pneumonia lobar Date of onset Mar 26, 1931
108
Contributory causes of importance not related to principal cause:
Tuberculosis Mar 27, 1931

12. BIRTHPLACE (city or town) (State or Country) _____

13. NAME _____ Name of operation none Date of _____

14. BIRTHPLACE (City or Town) (State or Country) _____ What test confirmed diagnosis? Lary

15. MAIDEN NAME _____ Was there an autopsy? no

16. BIRTHPLACE (City or Town) (State or Country) _____ 23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury _____ 19____

17. INFORMANT (Address) _____ Where did injury occur? _____ (Specify City or Town, County, and State)

18. BURIAL, CREMATION, OR REMOVAL Place High Springs Fla Date 4-13 1931 Check whether injury occurred in industry. home public place

19. UNDERTAKER (Address) Hewitt Bowling Ridge, W. Va. Manner of injury _____

20. FILED 4-10 1931 Wm Jost Barr Registrar Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes If, so, specify Poor living conditions

(Signed) W. W. Wilkerson, M.D. M. D.

(Address) Montgomery, W. Va.