

Robertson, Willie
Sheet Lewis Walker

D. 1933 - Form 2
MARGIN RESERVED FOR BINDINGS
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. 10.12.....) Series No. 31
(To be inserted by local Registrar) Division of Vital Statistics

County Fayette

West Virginia State Department of Health

District Falls

CERTIFICATE OF DEATH 13072

Town or City Boomer

No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lewis Walter Street

(a) Residence. No. 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 Male
4 COLOR OR RACE White
5 Single, Married, Widowed or Divorced (write the word) Married

16 DATE OF DEATH Oct. 12th, 1932
(Month, day and year)

5a If married, widowed or divorced HUSBAND of Ruby Williams Street (or) WIFE of (Give full maiden name)

17 I HEREBY CERTIFY That I attended deceased from Aug. 14th, 1932, to Oct. 12th, 1932, that I last saw him alive on Oct. 5th, 1932, and that death occurred on date stated above, at 2:15 P.M.

6 DATE OF BIRTH Oct. 6th, 1886
(month, day and year)

The CAUSE OF DEATH was as follows:
(Primary or beginning cause)
Acute Silicosis

7 AGE 46 Years Months Days If LESS than 1 day... hrs. or ... min.

Contributory (Secondary or finishing cause)
114 (Duration) 1 yrs. 10 mos. 14 ds.

8 OCCUPATION OF DECEASED Laborer
(a) Trade, profession or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

18 Where was disease contracted, In tunnel work if not at place of death? At Gauley Bridge

9 BIRTHPLACE (city or town) (State or country) Wetzel Co., W. Va.

Did an operation precede death? NO. Date of...
Was there an autopsy? Yes. autopsy findings:
What test confirmed diagnosis?
(Signed) L. H. Harkness M. D.
(Address) Gauley Bridge, W. Va.

10 NAME OF FATHER Enoch Street

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME MOTHER Sarah Katherine Cumbridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

19 PLACE OF BURIAL Cremation or Removal Swiss Grove

14 SIGNATURE OF INFORMANT Ruby Street (Address) Boomer, W. Va.

Date of Burial 10/14/1932 20 Undertaker B. C. Hooper

15 Received Oct. 20, 1932 Mrs. J. G. Dunbar REGISTRAR

Address Montgomery, W. Va.