

N. B.—WHILE 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.

Form 2  
 1933

1. PLACE OF DEATH (Dist. No. 1022) Series No. 38  
 County Wayne (TO BE INSERTED BY LOCAL REGISTRAR)  
 District Haydelville  
 Town or City Bachman, W. Va.

Division of Vital Statistics  
 West Virginia State Department of Health  
 CERTIFICATE OF DEATH No. 13087  
 (FOR STATE USE ONLY)

2. FULL NAME James Wilson  
 (a) Residence No. Bachman St. Ward  
 Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 days. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS  
 3. SEX M  
 4. COLOR OR RACE C  
 5. Single, Married, Widowed, or Divorced (write the word) Married  
 6. IF MARRIED, WIDOWED, OR DIVORCED  
 (a) Husband of Divorced  
 (or) Wife of Divorced  
 7. DATE OF BIRTH (month, day, and year) 1902  
 7. AGE Years 32 Months 0 Days 0 If LESS than day or mo.  
 8. TRADE PROFESSION or particular kind of work done, as spinner, weaver, bookkeeper, etc. Summit Worker  
 9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc. Tunnel - 2 yrs.  
 10. DATE DECEASED LAST WORKED at this occupation (month and year) 1932  
 11. TOTAL TIME (years) spent in this occupation

MEDICAL CERTIFICATION OF DEATH  
 21. DATE OF DEATH (month, day and year) Oct 17 1934  
 22. I HEREBY CERTIFY that I attended deceased from Sept 10 1934 to Sept 17 1934  
 23. I last saw deceased on Sept 17 1934 death is said to have occurred on the date stated above.  
 The principal cause of death and related causes of importance in order of onset were as follows:  
Shrapnel Embedded  
Contracted from  
Working for Summit  
at Hawks Nest  
 Contributory causes of importance not related to principal cause:  
114

12. BIRTHPLACE (city or town) (State or County) Winston Salem N.C.  
 13. NAME ?  
 14. BIRTHPLACE (city or town) (State or Country) ?  
 15. MAIDEN NAME ?  
 16. BIRTHPLACE (City or Town) (State or Country) ?  
 17. INFORMANT (Address) Summit W. Va.  
 18. BURIAL, CREMATION, OR REMOVAL Summit W. Va. Date 10-28-34  
 19. UNDERTAKER (Address) Churmond  
 20. FILED 10/17/34 E. L. Keenan Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_  
 Was there an autopsy? Yes  
 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? Yes If, so, specify \_\_\_\_\_  
 (Address) \_\_\_\_\_ M. D.