

Adams, Wilfred/Winfred
Winfred

→ Not on List

D. V. 3 - Form 2
 MARGIN RESERVED FOR BINDING
 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. 1031) Series No. 183
 County Fayette (TO BE INSCRIBED BY LOCAL REGISTRAR)
 District Kanawha West Virginia State Department of Health #18
 Town or City Montgomery W.Va. No. Coal Valley Hosp St. _____ Ward _____
 2. FULL NAME Winfred Adams
 (a) Residence. No. Clairmont N.C., St. 1 Ward _____
 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 Colored 5. Single, Married, Widowed, or Divorced (write the word) _____
 6a. IF MARRIED, WIDOWED, OR DIVORCED Husband of _____ (or) Wife of _____
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. TRADE, PROFESSION, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Admin in tunnel
 9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, mill, bank, etc. Reinbet + Dennis
 10. DATE DECEASED LAST WORKED at (this occupation) (month and year) _____ occupation _____
 11. TOTAL TIME (years) spent in this occupation _____
 12. BIRTHPLACE (city or town) (State or Country) Not known
 13. NAME " "
 14. BIRTHPLACE (City or Town) (State or Country) " "
 15. MAIDEN NAME " "
 16. BIRTHPLACE (City or Town) (State or Country) " "
 17. INFORMANT (Address) Walter Glaspy
Clairmont N.C.
 18. SOURCE OF INFORMATION OR REMOVAL Place Clairmont N.C. Date 11-20, 1930
 19. UNDERTAKER (Address) Bob Cooper
Montgomery W.Va.
 20. FILED Dec 10 1930 Wm. J. H. Parr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/18 1930
 22. I HEREBY CERTIFY, That I attended deceased from 11/18/30 to 11/18/30 1930. I last saw deceased on 11/18/30 1930. Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Fractured left femur
Injured spine
Broken humerus
of body
 Contributory causes of importance not related to principal cause:
Traumatic Shock
186-111
 Name of operation _____ Date of _____
 What test occurred? Routine
 Was there an autopsy? NO
 23. If death was due to external causes fill in also the following:
 (Check) Accident—Suicide—Homicide? Date of Injury 11/18 1930
 Where did injury occur? Camp #1 Reinbet + Dennis
 (Specify City or Town, County, and State) Montgomery W.Va.
 Check whether injury occurred in industry home public place
 Manner of Injury Rock fall on tunnel
 Nature of Injury as above
 24. Was disease or injury in any way related to occupation of deceased? Yes, so specify Due to occupation
 (Signed) W. D. Stallard M. D.
 (Address) Montgomery W.Va.

Clairmont, NC - Central, near Charlotte