

Blakely, Thomas

Henry Danks

D. V. S. Form 2

MARGIN RESERVED FOR BINDING

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. 1031) Series No. 123 Division of Vital Statistics
 County Fayette West Virginia State Department of Health # 2
 District Kanawha CERTIFICATE OF DEATH No. 11868 (FOR STATE REG. USE ONLY)
 Town or City Montgomery No. Coal Valley Hosp Ward _____
 2. FULL NAME Thomas Blakely
 (a) Residence. No. Sandy Bridge Camp #1 St. 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. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			21. DATE OF DEATH (month, day and year) <u>Sept. 1, 1930</u>	
6. DATE OF BIRTH (month, day, and year)					22. I HEREBY CERTIFY That I attended deceased from <u>Sept 1-30</u> <u>1930</u> to <u>Sept 1, 1930</u> I last saw <u>him</u> alive on <u>Sept 1, 1930</u> , death is said to have occurred on the date stated above, at _____	
7. AGE Years _____ Months _____ Days _____	8. TRADE, PROFESSION, or particular kind of work done, as spinner, weaver, bookbinder, etc. <u>Construction Work</u>				The principal cause of death and related causes of importance in order of onset were as follows: <u>Pneumonia - Lobar</u>	
9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc. <u>Powhatan & Dennis</u>	10. DATE DECEASED LAST WORKED at this occupation (month and year)				Contributory causes of importance not related to principal cause: <u>Tuberculosis</u>	
11. TOTAL TIME (years) spent in this occupation <u>108</u>	12. BIRTHPLACE (city or town) (State or Country) <u>UK</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)					Name of operation _____ Date of _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Almond</u> Date <u>9-6</u> 19 <u>30</u>					What test confirmed diagnosis? <u>Ranbair</u>	
19. UNDERTAKER (Address) <u>Montgomery, W. Va.</u>					Was there an autopsy? _____	
20. FILED <u>Oct 10, 1930</u> <u>Miss Jas H. Starr</u> Registrar					23. 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 _____ (Sign) <u>W. D. Stalling</u> M. D. (Address) <u>Montgomery</u>	