

MARGIN RESERVED FOR BINDING  
 N. B.—WRITING 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.

D. V. S.—Form 2  
 (To be inserted by local registrar)

1. PLACE OF DEATH (Dist. No. 1027) Series No. 40  
 County Jayette  
 District Jayetteville  
 Town or City Hawks Nest No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Parkus Brown  
 (a) Residence. No. \_\_\_\_\_ 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.

Division of Vital Statistics  
 West Virginia State Department of Health  
 CERTIFICATE OF DEATH  
 10247  
 (FOR STATE REG. USE ONLY)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH (month, day and year) <u>Sept 1 - 1937</u>	
6a. IF MARRIED WIDOWED OR DIVORCED (Husband of or Wife of) <u>Unknown</u>				22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____ I last saw _____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____.	
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>				The principal cause of death and related causes of importance in order of onset were as follows: <u>No Physician in attendance</u> <u>Silicosis</u>	
7. AGE Years <u>38</u>	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.	Contributory causes of importance not related to principal cause: <u>114</u>	
8. TRADE, PROFESSION, or particular kind of work done, as spinner, sawyer, bookbinder, etc. <u>Rick Drill</u>				Name of operation _____ Date of _____	
9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc.				What test confirmed diagnosis?	
10. DATE DECEASED LAST WORKED at this occupation (month and year)				Was there an autopsy?	
11. TOTAL TIME (years) spent in this occupation				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 _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>				Manner of injury _____	
13. NAME <u>Unknown</u>				Nature of injury _____	
14. BIRTHPLACE (City or Town) (State or Country) <u>Do</u>				24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
15. MAIDEN NAME <u>Do</u>				(Signed) _____ M. D. (Address) _____	
16. BIRTHPLACE (City or Town) (State or Country) <u>Do</u>				20. FILED <u>9-10 1937 Mrs. J. S. Light</u> Registrar.	
17. INFORMANT <u>Efina Blackwell</u> (Address) <u>Wheaton, W. Va.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Putney Field</u> Date <u>9/5 - 1937</u>					
19. UNDERTAKER <u>J. J. ...</u> (Address) <u>Jayetteville, W. Va.</u>					