

Brown, Walter Burley

Saunders, Walter

MARGIN RESERVED FOR BINDING
D. V. S.—Form 2
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. 48 Division of Vital Statistics
 County Fayette (TO BE INSERTED BY LOCAL REGISTRAR)
 District Kanawha West Virginia State Department of Health
 Town or City Montgomery No. Coal Valley Park St. _____ Ward _____
CERTIFICATE OF DEATH 3230
 2. FULL NAME Walter Burley Brown (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
 (a) Residence. No. Hanley Bridge, W. Va. (USUAL PLACE OF ABODE) 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day and year) <u>March 18 1931</u>	
6. IF MARRIED WIDOWED OR DIVORCED (husband of (or) wife of)				22. I HEREBY CERTIFY That I attended deceased from <u>3/18/31</u> to <u>3/18/31</u> I last saw him alive on <u>3/18/31</u> , death is said to have occurred on the date stated above at <u>11:45</u> P.M.	
7. AGE (month, day, and year) <u>Mar. 15 - 1910</u>				The principal cause of death and related causes of importance in order of onset were as follows: Date of onset	
7. AGE (Year) <u>21</u>	Months <u>0</u>	Days <u>3</u>	IF LESS than 1 day, hrs. or min.	<u>Skull Fracture at Base</u>	
8. TRADE, PROFESSION, or particular kind of work done, as spinner, Sawyer, hickies, etc. <u>Motorman</u>				186-111	
9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc. <u>Rinehart & Dennis</u>				Contributory causes of importance not related to principal cause: <u>Medullary Compression</u>	
10. DATE DECEASED LAST WORKED at (like occupation (month and year)) <u>Tunnel</u>				Name of operation _____ Date of _____	
11. TOTAL TIME (years) spent in this occupation _____				What last confirmed diagnosis? _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Beamus, W. Va.</u>				Was there an autopsy? <u>no</u>	
13. NAME <u>E. J. Brown</u>				23. If death was due to external cause, fill in also the following: (Check) Accident— <u>falling</u> Date of injury <u>Mar. 18, 1931</u> Where did injury occur? <u>Rinehart & Dennis camp</u> 2, <u>Hanley Bridge</u> (Specify City or Town, County, and State) Check whether injury occurred in industry <input checked="" type="checkbox"/> home <input type="checkbox"/> public place _____	
14. BIRTHPLACE (City or Town) (State or Country) <u>Madison Co. Va.</u>				Manner of injury <u>Falling Rock</u>	
15. MAIDEN NAME <u>Leah Peathers</u>				Nature of injury <u>Fracture of skull</u>	
16. BIRTHPLACE (City or Town) (State or Country) <u>Madison Co. Va.</u>				24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
17. INFORMANT <u>E. J. Brown</u> (Address) <u>Hanley Bridge, W. Va.</u>				(Signed) <u>D. F. Hugh</u> M. D. (Address) <u>Montgomery, W. Va.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Seyla</u> Date <u>Mar. 21, 1931</u>				19. UNDERTAKER <u>H. L. White & Sons</u> (Address) <u>Hanley Bridge, W. Va.</u>	
20. FILED <u>1-10, 1931</u> <u>Mo. Post Pass</u> Registrar					

Outside Culpeper