

3500 m.c.n.

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Exact statement of OCCUPATION
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. 1011) Series No. 21
 County Fayette (TO BE INSERTED BY LOCAL REGISTRAR)
 District Falls
 Town or City Vermetta
 Division of Vital Statistics
 West Virginia State Department of Health
 CERTIFICATE OF DEATH
 15050
 (FOR STATE RES. USE ONLY)
 No. _____ St. _____ Ward _____
 (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
 2. FULL NAME Henry Caldwell
 (a) Residence. No. _____ St. Vermetta Ward _____
 (USUAL PLACE OF ABODE)
 Length of residence in city or town where death occurred yrs. mos. days. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
 How long in U. S. A., if of foreign birth yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Caucasian 5. Single, Married, Widowed, or Divorced (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED
 (a) Husband of _____
 (or) Wife of _____

7. DATE OF BIRTH (month, day, and year)
 AGE Years Months Days If LESS than day, or yrs.
40

8. TRADE, PROFESSION or particular kind of work done, as tailor, lawyer, bookkeeper, etc. Miner

9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, etc. Coal

10. DATE DECEASED LAST WORKED at this occupation (month and year) Nov

11. TOTAL TIME (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or Country) Not Given

13. NAME Not Given

14. BIRTHPLACE (city or town) (State or Country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (City or Town) (State or Country) _____

17. INFORMANT (Address) Mrs. C. R. Summersfeld
Fayetteville W. Va.

18. BURIAL, CREMATION, OR REMOVAL
 Place Vermetta Date 12-30-33

19. UNDERTAKER (Address) St. Stephens
231 7th Street

20. FILED Jan 10 1934
 Registrar

MEDICAL CERTIFICATION OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29 33

22. I HEREBY CERTIFY That I attended deceased from _____ to _____ 19____ I last saw him _____ days as _____ death is said to have occurred on the date stated above.

The principal cause of death and other causes of importance in order of onset were as follows:
Heart Failure
Septicemia
Septicemia
Septicemia

Contributory causes of importance not related to principal cause:
Septicemia
Septicemia
Septicemia

Name of operation _____ Date of _____

What test confirmed diagnosis _____

Was there an autopsy? _____

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 _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) _____ M. D.
 (Address) _____