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and the second second		
	WEST VINCINIA CTATE DESIGNATION OF THE PROPERTY OF THE PROPERT	
	Dist No. 100 WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS	
This becomes a legal	CERTIFICATE OF DEATH	201
when properly	State File No.	
placed in permanent	1. NAME OF a. (Miss) b. (Middle) c. (Miss) 2. DATE (Month) (Day)	(Year)
file.	(Type or Print) (NAM //Wall Klanklinkhy) DEATH 2/3//	950
	3. PLACE OF DEATH a. COUNTY 4. USUAL RESIDENCE (Where decrease) fired. Identifulies: b. COUNTY b. COUNTY	praidence
Write plainly with	tayette W.Va, Fayette	(minima)
permanent ink or	b. CITY (II statelle contrate limits projet RURA) and c. LENGTH OF C. CITY (II outsity corporate limits, write bill it and give district) OR OR	
typewriter.	TOWN Jauly Bridge STATE TOWN Jauly Bridge	
Physician last in at-	d. FULL NAME OF thin at in copilal of thintion, the street address or d. STREET ADDRESS (U rural, give location)	-
tendance must state	INSTITUTION Lattley Stide (Lease () O	
cause of death and	5. SEX A 6. COLOR OF RAME 7. MARRIED NEVER MARRIED, 8. DATE OF BIBITH 2. AGE (In years) 1 under ! year 11 un	inder 24 hrs
sign dical certifi-	Male 111/11 to Wingsyll Divorces Specifity) 2/28/1908 4/1 Month Days Ho	oues Min.
cation: if no physician	10. JUSTAL OCCUPATION 10a. KIND OF BUSINESS 11/BIRTHPLACE (State or foreign country) 12. Circum	N OF
in attendance, health	Fatel Partie & Kell MOUSTRY Selles WHAT CO	OUNTRY?
officer (or coroner, if inquest is held)	13. EATHER'S NAME 14. MOTHER'S MADEN NAME	
must complete and	YAMMARA BLANDING CONTRACTOR XYARAD	
sign medical certifi-	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. ANEORMANT	-
cation. Power of sig-	(Ver, page unknown) If yes, give any or dates of service)	his
nature cannot be dele-	MEDICAL CERTIFICATION INTERNAL B	7
gated.	18, CAUSE OF DEATH	DEATH
Cause of death.	cause per line for DIRECTLY LEADING TO DEATH* (a) ACULO MYOGRIGIBLI INLATO LION SI	hours
	(a), (b), and (c) ANTECEDENT CAUSES	
per line for A.B.C.	mean the mode of Morbid conditions, if any, DUE TO (b)	
This does not mean	dying, such as giving rise to the above cause heart failure, as- (a) stating the underlying	
mode of dying such as	thenia, etc. It cause last. DUE TO (c)	
heart failure, asthenia,	Injury, or compil. II. OTHER SIGNIFICANT CONDITIONS cation which Conditions contributing to the death but not	
etc., it means the	caused death. related to the disease or condition causing death.	Y
disease, injury or	19a. Date of OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO	PSY?
complication which	X Yes L	No X
caused death.	CHICKLY Love from feeten stood effect ble stad	(STAT
195A	HOMICIDE X home, ham, below, street, other oldge, etc.) Gauley Bridge Fayette W.	Va.
		JEST
Fune director or	21d. TIME (Month) (Day) Year) (How) 21e. INJUNY OCCURRED 21f. HOW DID INJURY OCCUR? 21g. INQU	- framed
Fune director or person disposing of body, must file cer-	21d. TIME (Month) (Day) Year) (How) 21e. INJUNY OCCURRED OF X 10. Work at Work at Work X 21f. HOW DID INJURY OCCUR? Yes 2	- framed
Fune director or person disposing of body, must file cer- tificate with local reg-	OF INJURY ra. Work at Work Yes	NoX
Fune director or person disposing of body, must file cer- tificate with local reg- istrar within 72 hours	OF INJURY Ro. While at Work X Yes 22. I hereby certify that I attended the deceased from Feb 3 , 150, to Feb 3 , 150, that I last saw the deceased from Feb 3 , 150, to Feb 3 , 150, that I last saw the deceased from Feb 3 , 150, to Feb 3 , 150, that I last saw the deceased from Feb 3 , 150, to Feb 3 , 150, that I last saw the deceased from Feb 3 , 150, to Feb 3 , 150, to Feb 3 , 150, that I last saw the deceased from Feb 3 , 150, to Feb 3 , 15	NoX
Fune director or person disposing of body, must file cer- tificate with local reg- istrar within 72 hours after death and prior	OF INJURY 10. While at Work New Work 1 At Work 1 At Work 22. I hereby certify that I attended the deceased from Feb 3 , 150, to Feb 3 , 150, that I last saw the dealine on Feb 3 , 1950, and that death occurred at 4:20AM from the causes and on the date stated above.	No X
Fune of director or person disposing of body, must file cer- tificate with local reg- istrar within 72 hours after death and prior to transportation by	OF INJURY 10. While at Work Nork Work X Yes 22. I hereby certify that I attended the deceased from Feb 3 , 150, to Feb 3 , 1950, that I lost saw the dealine on Feb 3 , 1950, and that death occurred at 4:20AM from the causes and on the date stated above. 23a. SIGNATURE? (Degree or title) 23b. ADDRESS 23c. DATE	No X leceased
Fune of director or person disposing of body, must file cer- tificate with local reg- istrar within 72 hours after death and prior to transportation by common carrier or re-	22. I hereby certify that I attended the deceased from Feb 3 , 150, to Feb 3 , 150, that I tast saw the dealive on Feb 3 , 1950, and that death occurred at 4:20AN from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 22c. DATE (Degree or title) 23b. The Gauley Clinic, Gauley Bridge 2/	No X leceased
Fune director or person disposing of body, must file cer- tificate with local reg- istrar within 72 hours after death and prior to transportation by common carrier or re-	22. I hereby certify that I attended the deceased from Feb 3 , 150, to Feb 3 , 150, that I tast saw the dealive on Feb 3 , 1950, and that death occurred at 4120AM from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. Date 23c. Date	No X leceased Signed 9/50
Fune director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.	OF INJURY 10. While at Work Net While X Yes 22. I hereby certify that I attended the deceased from Feb 3 , 150, to Feb 3 , 1950, that I last saw the dealive on Feb 3 , 1950, and that death occurred at 4:20AM from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. Date 25a. Burlal, Cardan 24b. Date 24c. Make of Centerray on Calabaratory 24d. Englishes Septimes L. Thou Removes (Specify) 24b. Date 24c. Make of Centerray on Calabaratory 24d. Englishes Septimes L. Thou Removes (Specify) 24b. Date 24c. Make of Centerray on Calabaratory 24d. Englishes Septimes L. Thou Removes (Specify) 24b. Date 24c. Make of Centerray on Calabaratory 24d. Englishes Septimes L. Thou Removes (Specify) 24b. Date 24c. Make of Centerray on Calabaratory 24d. Englishes Septimes L. Thou Removes (Specify) 24b. Date 24c. Make of Centerray on Calabaratory 24d. Englishes Septimes L. Thou Removes (Specify) 24b. Date 24c. Make of Centerray on Calabaratory 24d. Englishes 24d. Englishes	No X eccased Signer 9/50 Lic. No. 2/2
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