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This becomes a legal document when properly executed and will be placed in permanent file.

Write plainly with permanent ink or typewriter.

Physician last in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

**Cause of death.**

Enter only one cause per line for A.B.C.\* This does not mean mode of dying such as heart failure, ashenia, etc., it means the disease, injury or complication which caused death.

Funeral 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.

Items are to be complete and accurate.

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

Dist No. 100 Serial No. 98 State File No. 2701

1. NAME OF DECEASED (Type or Print) <u>Orron Mead Blankenship</u>			2. DATE OF DEATH (Month) (Day) (Year) <u>2/3/1950</u>		
3. PLACE OF DEATH a. COUNTY <u>Fayette</u>			4. USUAL RESIDENCE a. STATE <u>W. Va.</u> b. COUNTY <u>Fayette</u>		
b. CITY OR TOWN <u>Gauley Bridge</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Gauley Bridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gauley Bridge Clinic</u>			d. STREET ADDRESS (If rural, give location)		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/28/1908</u>	9. AGE (In years) (Month) (Days) (Hours) (Min.) <u>41</u>	
10. USUAL OCCUPATION <u>Hotel Porter</u>		10a. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>Lucas, W. Va.</u>	
13. FATHER'S NAME <u>Lawrence Blankenship</u>			14. MOTHER'S MAIDEN NAME <u>Adelia J. Grase</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>No</u>		17. INFORMANT <u>Charles H. Blankenship</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			19a. DATE OF OPERATION <u>X</u>		
19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) <u>X</u> SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Gauley Bridge Fayette W. Va.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (How) <u>X</u>		21e. INJURY OCCURRED White at Work <input type="checkbox"/> Net White at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>	
21g. INQUEST Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Feb 3, 1950</u> , to <u>Feb 3, 1950</u> , that I last saw the deceased alive on <u>Feb. 3, 1950</u> , and that death occurred at <u>4:20AM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jordan Jover, A.D.</u>			23b. ADDRESS <u>The Gauley Clinic, Gauley Bridge</u>		23c. DATE SIGNED <u>2/9/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2/5/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lyon's Creek Cem</u>	
24d. EMPLOYER'S SIGNATURE <u>Blankenship</u>		24e. LIC. No. <u>292</u>		25. FUNERAL DIRECTORS (Signature) <u>Blankenship</u>	
24f. LIC. No. <u>365</u>		DATE REC'D BY LOCAL REG. <u>5-11-50</u> REGISTRAR'S SIGNATURE <u>Heraldine Bales</u>			