

Bostic, Willie

Documents

D. 18-Form 2  
MARGIN RESERVED FOR BINDING  
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.

PLACE OF DEATH (Dist. No. 1012) Series No. 20 Division of Vital Statistics  
(To be inserted by local Registrar)

County Fayette West Virginia State Department of Health  
District Falls CERTIFICATE OF DEATH **7528**  
(For State Reg. use only)

Town or City Gauley Bridge No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Willie Bostic

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and state)  
Length of residence in city or town where death occurred yrs. 5 mos. \_\_\_\_\_ days. How long in U. S. A., if of foreign birth yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE Colored	5 Single, Married, Widowed or Divorced (write the word) Single			16 DATE OF DEATH (Month, day and year)	June 30th, 1931
5a If married, widowed or divorced HUSBAND of (or) WIFE of (Give full maiden name)					17 I HEREBY CERTIFY That I attended deceased from June 23rd, 1931 to June 30th, 1931, that I last saw him alive on June 30th, 1931, and that death occurred on date stated above, at 7:20 P. M.	
6 DATE OF BIRTH March 16th, 1915 (month, day and year)					The CAUSE OF DEATH was as follows: (Primary or hastening cause)	
7 AGE	Years	Months	Days	If LESS than 1 day	Pneumonia (lobar)	
16		3	14	hrs. _____ min. _____	(Duration) yrs. _____ mos. <u>9</u> ds.	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					Contributory (Secondary or hastening cause) P. O. B. (Duration) yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (city or town) Brevard, (State or country) North Carolina					18 Where was disease contracted, if not at place of death?	
10 NAME OF Bero Mooney FATHER					Did an operation precede death? NO Date of _____	
11 BIRTHPLACE OF Brevard, FATHER (city or town) (State or country) N. C.					Was there an autopsy? NO	
12 MAIDEN NAME Zella Bostic MOTHER					What test confirmed diagnosis? Clinical signs (Signed) L. H. Harless M. D. (Address) Gauley Bridge, W. Va.	
13 BIRTHPLACE OF Brevard, MOTHER (city or town) (State or country) N. C.					19 PLACE OF BURIAL (Cremation or Removal) Forestal Home	
14 SIGNATURE OF Zella Bostic INFORMANT (Address) Gauley Bridge, W. Va.					Date of Burial June 1, 1931 20 Undertaker N. C. White	
15 Received July 12, 1931 J. C. Dunbar REGISTRAR					Address Gauley Bridge, W. Va.	

Willie Bostic, West Virginia death certificate 7528 (1931).