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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.

1. PLACE OF DEATH (Dist. No. 1011) Series No. 711 Division of Vital Statistics  
 County Fayette West Virginia State Department of Health #15  
 District Falls CERTIFICATE OF DEATH #11716  
 Town or City Hammer Wv No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Cecile L. Jones  
 (a) Residence. No. Hammer Wv St. \_\_\_\_\_ 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.

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>Married</u>			21. DATE OF DEATH (month, day and year) <u>Sept 25 1932</u>	
6. IF MARRIED, WIDOWED, OR DIVORCED Deceased of (or) Wife of _____					22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____ I had care _____ days on _____ 19____ death is said to have occurred on the date stated above, at <u>Sept 25 1932</u>	
7. AGE Years <u>23</u> Months <u>2</u> Days <u>22</u> If LESS than 1 day, _____ hrs. or _____ min.					The principal cause of death and related causes of importance in order of onset were as follows: <u>114</u> <u>Silicosis</u>	
8. TRADE, PROFESSION, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Welder</u>					Contributory causes of importance not related to principal cause: _____ _____	
9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc. <u>Welder</u>						
10. DATE DECEASED LAST WORKED at this occupation (month and year) <u>Rembert Williams</u>					Name of operation _____ Date of _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Wrightsville Wv</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
13. NAME <u>Charles Jones</u>					23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury _____ 19____ 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 _____	
14. BIRTHPLACE (City or Town) (State or Country) <u>Parkersburg Wv</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
15. MAIDEN NAME <u>Emma Johnson</u>					(Signed) <u>L. P. Darless</u> M. D. (Address) <u>Sanley Bridge Wv</u>	
16. BIRTHPLACE (City or Town) (State or Country) <u>Wrightsville Wv</u>					18. UNDERTAKER (Address) _____	
17. INFORMANT (Address) <u>Charles Jones</u>					19. FILE <u>Oct 10 1932</u> _____ Registrar.	
18. BIRTHPLACE (City or Town) (State or Country) <u>Wrightsville Wv</u>						