

1953776_0000748

D.V.S.—Form 2
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important.

1 PLACE OF DEATH (Dist. No. 1011) Series No. 51
 (To be inserted by local Registrar)
 County Payette Division of Vital Statistics
 District Falls West Virginia State Department of Health
 or
 Town or City Gamoca No. _____ St.;
 CERTIFICATE OF DEATH 12233
 (For State Reg. use only)

2 FULL NAME Owen Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE -MARRIED -WIDOWED -OR-DIVORCED; (Write the word) <u>Single</u>
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6 DATE OF BIRTH _____
 (Month) (Day) (Year)

7 AGE 22
 IF LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) W. Va.

PARENTS

10 NAME OF FATHER <u>Charlie Jones</u>
11 BIRTHPLACE OF FATHER (State or country) <u>Putman & W. Va.</u>
12 MAIDEN NAME OF MOTHER <u>Emma Johnson</u>
13 BIRTHPLACE OF MOTHER (State or country) <u>Nicholas & W. Va.</u>

14 IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Signature) Charlie Jones
 (Address) Gamoca W. Va.

15 100-10 33 1933 1933
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
October 26 1933
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1932, to October 19, 1933
 that I last saw him alive on Oct. 19, 1933, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows;
 (Primary) Silicosis

114 (Duration) 1 yr. 10 mo. _____ da.

CONTRIBUTORY (Secondary)
 (Signature) L. L. Harker, M. D.
10/25 1933 (Address) Gauley Bridge, W. Va.

NOTE: State the Duration Cause of Death. In deaths from Younger Cancer, State Malignancy of Tumor; and whether ACCIDENTAL, SURGICAL, or HONORARY.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERS OR RECENT RESIDENTS)
 At place of death _____ yr. _____ mo. _____ da. In the State _____ yr. _____ mo. _____ da.

Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL W. Va. DATE OF BURIAL 10-28-33

20 UNDERTAKER W. Va.
 ADDRESS Montgomery W. Va.

1933
22
1911