

Jones, Robert

Elders, Sylvia

D.S. Form 2
Every item of information should state CAUSE
Exact statement of OCCUPATION is very

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

1 PLACE OF DEATH (Dist. No. 1027) Series No. 29

County Fayette

District Falls

Town or City Boomer

(To be inserted by local Registrar)

Division of Vital Statistics

West Virginia State Department of Health

CERTIFICATE OF DEATH

10246

(For State Reg. use only)

2 FULL NAME Robert Jones

(a) Residence No.

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. days.

No. St. Ward

St. Ward

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Colored

5 Single, Married, Widowed or Divorced (write the word)

single

5a If married, widowed or divorced HUSBAND of (or) WIFE of (Give full maiden name)

6 DATE OF BIRTH (month, day and year)

7 AGE

37

Years Months Days

If LESS than 1 day... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work, Rock drill operator

(b) General nature of industry, business, or establishment in which employed (or employer) Tunnel construction Pinehart & Dennis Co. Inc

(c) Name of employer

9 BIRTHPLACE (city or town), (State or country) Virginia

10 NAME OF FATHER

Not known

11 BIRTHPLACE OF FATHER (city or town), (State or country)

12 MAIDEN NAME MOTHER

not known

13 BIRTHPLACE OF MOTHER (city or town), (State or country)

14 SIGNATURE OF INFORMANT (Address)

15 Received 9-10 1937 Mrs. J. S. Light REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 31 1932

17 I HEREBY CERTIFY That I attended deceased from August 24 1932 to August 31 1932, that I last saw h. l. m. alive on August 24 1932, and that death occurred on date stated above, at 7:30 P. M. The CAUSE OF DEATH was as follows: (Primary or beginning cause)

acute silicosis

Contributory (Secondary or finishing cause)

18 Where was disease contracted, At tunnel work. If not at place of death? Gauley Bridge, W. Va.

Did an operation precede death? No. Date of...

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings: fibrotic lungs.

(Signed) L. R. Harkness M. D. (Address) Gauley Bridge, W. Va.

19 PLACE OF BURIAL Cremation or Removal

Date of Burial

20 Undertaker

Address