

MEANS Charles

(not) ? (not) ?

160413

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. 1327) Series No. 58
County Wayne (To be inserted by local Registrar)
District 1st
Town or City Waynesburg
2 FULL NAME Charles Means
(a) Residence, No. _____ St. _____ Ward _____
(b) Place of abode, No. _____ St. _____ Ward _____
Length of residence in city or town where death occurred yrs. mos. days. (If one resided first day or more, add exact date. See law in U. S. A., if of foreign birth) yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>Caucasian</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Single</u>
6 DATE OF BIRTH (month, day and year) <u>June 5, 1911</u>		
7 AGE Year <u>21</u> Months <u>6</u> Days <u>2</u> If LESS than 1 day ... hrs. or ... min.		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>Harvest worker</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Waynesburg</u>		
9 BIRTHPLACE (city or town) (State or country) <u>Waynesburg, Pa.</u>		
10 NAME OF FATHER <u>Wesley Means</u>		
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Waynesburg, Pa.</u>		
12 MAIDEN NAME MOTHER <u>Sophia Henley</u>		
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Waynesburg, Pa.</u>		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (Month, day and year) Dec 7 1931

17 I HEREBY CERTIFY That I attended deceased from July 29 1922 to Nov 2 1922 that I last saw him alive on Nov 2 1922 and that death occurred on date stated above, at 2:00 P. M.

The CAUSE OF DEATH was as follows:
(Primary or highest cause)
Heart Disease

Contributory (Secondary or feeding cause)
None

18 Where was disease contracted, if not at place of death?
None

19 PLACE OF BURIAL
Cremation or Removal
Waynesburg

14 SIGNATURE OF INFORMANT
Wesley Means
15 Received 1-9-32 by Wesley Means REGISTRAR

16 Date of Burial 12/11/31 by Wesley Means
17 Address Waynesburg, Pa.