

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.  
 D. V. Form 2

1 PLACE OF DEATH (Dist. No. 1019) Series No. 14 Division of Vital Statistics  
 County Fayette (To be inserted by local Registrar)  
 District Falls West Virginia State Department of Health  
 Town or City Vanetta CERTIFICATE OF DEATH 16599  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2 FULL NAME Rona Moses (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (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) married  
 5a If married, widowed or divorced HUSBAND of Rena Moses, (or) WIFE of \_\_\_\_\_ (Give full maiden name)  
 6 DATE OF BIRTH \_\_\_\_\_ (month, day and year)  
 7 AGE Years 25 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day... hrs. or ..... min.  
 8 OCCUPATION OF DECEASED  
 (a) Trade, profession or particular kind of work Tunnel worker  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_  
 9 BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Pineaster South Carolina  
 10 NAME OF FATHER Albert Moses  
 11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_ (State or country) Pineaster S.C.  
 12 MAIDEN NAME MOTHER Janie Stevenson  
 13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_ (State or country) D.C.  
 14 SIGNATURE OF INFORMANT Mrs. Rena Moses (Address) Pineaster, Ca.  
 15 Received Dec 28, 1930 Mrs. J. L. Dumb... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (Month, day and year) Dec, 27, 1930  
 17 I HEREBY CERTIFY That I attended deceased from Dec. 14, 1930, to Dec. 27, 1930, that I last saw him alive on Dec. 14, 1930, and that death occurred on date stated above, at 4 P.M.  
 The CAUSE OF DEATH was as follows: (Primary or beginning cause)  
Pulmonary tuberculosis  
23 (Duration) yrs. mos. days  
 Contributory Intestinal tuberculosis (Secondary or following cause)  
cubosis (Duration) yrs. mos. days  
 18 Where was disease contracted, If not at place of death? J.C.  
 Did an operation precede death? No Date of \_\_\_\_\_  
 Was there an autopsy? No  
 What test confirmed diagnosis? \_\_\_\_\_ (Signed) J. L. Dumb... M. D. (Address) Lawrence, W. Va.  
 19 PLACE OF BURIAL Cremation or Removal P. C.  
 Date of Burial Dec 30, 1930 20 Undertaker \_\_\_\_\_  
 Address \_\_\_\_\_