

Reed, Ernest

1953610_000023

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. S.—Form 2

1. PLACE OF DEATH (Dist. No. 103/) Series No. 179 Division of Vital Statistics
 County Fayette (TO BE INSERTED BY LOCAL REGISTRAR) West Virginia State Department of Health #13
 District Kanawha CERTIFICATE OF DEATH 15017
 Town or City Montgomery No. _____ St. _____ Ward _____
 (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
 2. FULL NAME Ernest Reed
 (a) Residence. No. Lancaster St. C Ward. _____
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
 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	
1. SEX <u>Male</u>	4. COLOR OR RACE <u>Real</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day and year) <u>Nov 13 1930</u>	
6. IF MARRIED WIDOWED OR DIVORCED (husband or wife of)				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 11 1930</u> to <u>Nov 13, 1930</u> . I last saw <u>him</u> alive on <u>Nov 13, 1930</u> , death is said to have occurred on the date stated above, at _____.	
8. DATE OF BIRTH (month, day, and year)				The principal causes of death and related causes of importance in order of onset were as follows: (Date of onset)	
7. AGE (month, day, and year)	Years	Months	Days	<u>Frothing of blood</u> <u>Caught between stone & shovel</u> <u>bucket & the side of the tunnel</u> Contributory causes of importance not related to principal causes: <u>Exhaustion 186-124</u>	
9. TRADE, PROFESSION, or particular kind of work done, as spinner, sawyer, bookbinder, etc.					
10. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc.					
10. DATE DECEASED LAST WORKED at this occupation (month and year)				11. TOTAL TIME (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or Country)				Name of operation <u>Suturing of bladder</u> Date of <u>11/11/30</u>	
13. NAME <u>Andy Reed</u>				What test confirmed diagnosis? <u>renal</u>	
14. BIRTHPLACE (City or Town) (State or Country)				Was there an autopsy? <u>No</u>	
15. MAIDEN NAME <u>not given</u>				23. If death was due to external causes, fill in also the following:	
16. BIRTHPLACE (City or Town) (State or Country)				(Check) Accident—Strike—Hanging—Date of injury <u>11/11, 1930</u>	
17. INFORMANT (Address) <u>C. Bradley, Danley Bridge</u>				Where did injury occur? <u>North West W. Va.</u> (Specify City or Town, County, and State)	
18. BURIAL, CREMATION, OR REMOVAL (Place) <u>Lancaster C. 11-30</u>				Check whether injury occurred in industry <input checked="" type="checkbox"/> home <input type="checkbox"/> public place	
19. UNDERTAKER (Address) <u>Reid</u>				Manner of injury <u>Caught between shovel bucket & tunnel</u>	
20. FILED <u>Dec 10 30 Mrs J. N. Parr</u> Registrar				Nature of injury <u>Frothing of blood & ruptured bladder</u>	
				24. Was disease or injury in any way related to occupation of deceased? <u>yes</u> If, so, specify <u>due to occupation</u>	
				(Signed) <u>C. W. Stallard</u> M. D.	
				(Address) <u>Montgomery W. Va.</u>	