

Ward, Sam

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. 1027)

County Fayette

District Falls

Town or City Gauley Bridge

Series No. 11  
(To be inserted by local Registrar)

Division of Vital Statistics

West Virginia State Department of Health

CERTIFICATE OF DEATH

1736  
(For State Reg. use only)

2 FULL NAME Sam Ward

(a) Residence No. (Usual place of abode) St. Ward

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. (All non-residents give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male  
4 COLOR OR RACE Colored  
5 Single, Married, Widowed or Divorced Single

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

6 DATE OF BIRTH Dec 15 1902

7 AGE 30 Years 2 Months 0 Days If LESS than 1 day... hrs. or ... min.

8 OCCUPATION OF DECEASED Rock drill operator in tunnel construction  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Rinehart & Dennis Co. Inc.

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

10 NAME OF FATHER Robert Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kings Mtn

12 MAIDEN NAME MOTHER Unknown

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

14 SIGNATURE OF INFORMANT Robert Ward Gauley Bridge

15 Received Mar 9 1933 Mrs T. S. Light REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb. 15th, 1933

17 I HEREBY CERTIFY That I attended deceased from Aug. 3rd 1932 to Feb. 15 1933 that I last saw him alive on Feb. 15 1933 and that death occurred on date stated above, at 2:20 A.M.

The CAUSE OF DEATH was as follows: (Primary or beginning cause)

Acute silicosis 11.4 (Duration) yrs. 11 mos. ds.

Contributory Pulmonary tuberculosis (Secondary or finishing cause) (Duration) yrs. 4 mos. ds.

18 Where was disease contracted, if not at place of death? In tunnel work

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings (Signed) L. R. Harkness M. D. (Address) Gauley Bridge, W. Va.

19 PLACE OF BURIAL Cremation or Removal Vanetta Cam

Date of Burial 2/18/33 20 Undertaker

Address Fayetteville W. Va.