

Watkins, Sam

Post Office

MARGIN RESERVED FOR BINDING
N. B.—WRITE MAINLY 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) Series No. 18
(To be inserted by local Registrar) Division of Vital Statistics

County Fayette West Virginia State Department of Health
District Falls
Town or City Gauley Bridge

CERTIFICATE OF DEATH 1743
(For State Reg. use only)

2 FULL NAME Sam Watkins
(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) Single

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

6 DATE OF BIRTH July 19 1894
(month, day and year)

7 AGE Years 38 Months 6 Days 16 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
(c) Name of employer: Thehart & Dennis Co. Inc.

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

10 NAME OF FATHER

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

12 MAIDEN NAME MOTHER

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

14 SIGNATURE OF INFORMANT (Address)

15 Received March 9, 1933 Mrs. T. S. Light REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb. 5th, 1933

17 I HEREBY CERTIFY That I attended deceased from July 19th, 1932, to Feb. 5th, 1933 that I last saw him alive on Jan. 6th, 1933 and that death occurred on date stated above, at 3 P. M.

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

Acute Silicosis
114 (Duration) 1 yrs. 3 mos. da
Contributory Pulmonary tuberculosis (Secondary or finishing cause)
(Duration) 5 yrs. mos. da

18 Where was disease contracted, If not at place of death? Tunnel work at 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) J. H. Harless M. D.
(Address) Gauley Bridge, W. Va.

19 PLACE OF BURIAL Cremation or Removal Vannetta

Date of Burial Feb 7, 1933 20 Undertaker C. T. Dodd Co

Address Fayetteville, W. Va.