

All items are to be complete and accurate.

This becomes a legal record when properly executed and will be placed in permanent file.

Write plainly with permanent ink or type.

Physician last in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

Funeral director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

'65 006480

Dist No. 060  
Serial No. 6009

1. NAME OF DECEASED (Type or print) a. (First) John b. (Middle) Thomas c. (Last) Watson 2. DATE OF DEATH (Month) (Day) (Year) April 29, 1965

3. PLACE OF DEATH a. COUNTY Cabell b. CITY OR TOWN Huntington c. LENGTH OF STAY IN CITY OR TOWN 4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE W.Va. b. COUNTY Cabell c. CITY OR TOWN Huntington d. STREET ADDRESS 1808 16th Street

e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES  NO  f. IS RESIDENCE ON A FARM? YES  NO

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH Jan, 16, 1908 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vocational Veteran Rehabilitation 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) McDowell Co. W.Va. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Watson 14. MOTHER'S MAIDEN NAME Mary Louise ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOC. SEC. No. 17. INFORMANT'S SIGNATURE Ruth Watson Address Huntington, W.Va.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  
PART I. DEATH WAS CAUSED BY:  
4-201 IMMEDIATE CAUSE (a) Coronary occlusion  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)  
INTERVAL BETWEEN ONSET AND DEATH: 60 minutes

PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in part I (a) 19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  
20c. TIME OF INJURY Month, Day, Year, Hour M.  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY OR TOWN COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw the deceased alive on \_\_\_\_\_. Death occurred at \_\_\_\_\_ on the date stated above; and to the best of my knowledge, from the causes stated:  
22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS [Address] 22c. DATE SIGNED 5/4/65

23a. BURIAL, CREMATION, RESIGNAL (Specify) Burial 23b. DATE 5/1/65 23c. NAME OF CEMETERY OR CREMATORY Woodmere cemete 23d. LOCATION (City, town, or county) (State) Huntington Cabell W.Va.

24. DA REC'D. BY-R 25. REGISTRAR'S SIGNATURE 2 N L ECTOR'S-SI RE: NS: DATE 5-5-65

MEDICAL CERTIFICATION