

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

1 PLACE OF DEATH (Dist. No. ....)  
(To be inserted by Registrar)County Randolph

District .....

or

Town or City Elkins (No. 8007 Home St.; ..... Ward)2 FULL NAME Wynus Morgan (Petio)West Virginia State Department of Health  
BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

Register No. 7043

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married6 DATE OF BIRTH April 12 1848  
(Month) (Day) (Year)7 AGE 71 yrs 10 mos 21 ds IF LESS than 1 day, ..... hrs. or ..... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Teamster  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Upshur Co. Hackers

## PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. O. A. Conaway(Address) 8007 Home Elkins W. Va.

15 Filed ..... 191.....

REGISTRAR.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 4 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 191....., to ..... 191....., that I last saw h..... alive on ..... 191....., and that death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH was as follows:

Contributory (SECONDARY).....

(Signed)..... M. D.

..... 191..... (Address).....

NOTE: State the DISEASE CAUSING DEATH. In deaths from VIOLENT CAUSES, State MANNER OF INJURY; and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs ..... mos ..... ds in the State ..... yrs ..... mos ..... ds

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Maplewood DATE OF BURIAL 3-5 192020 UNDERTAKER J. Kendall ADDRESS .....