

County Logan West Virginia State Department of Health
 District Prudelsville CERTIFICATE OF DEATH 11878
 Town or City Kessler W.V. Ward _____

2. FULL NAME Ollie Redwine Mapey
 (a) Residence No. Crown W.V. Ward _____

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. COLORED OR RACE White 3. Single, Married, Widowed, or Divorced (Mark the one)
Married

4. MARRIED, WIDOWED, OR DIVORCED (Include the date)
Ollie Mapey

5. DATE OF BIRTH (Month, day, and year)
Aug 3rd 1892

7. AGE (Years, Months, Days, Hrs., Mins.)
45 10

8. TRADE, OCCUPATION, or SERVICE (If not stated, state the nature of the work)
Miner

9. INDUSTRY OR BUSINESS in which work was done (If not stated, state the nature of the work)
431

10. STATE NEAREST CASE WORKED at (the workplace, mine, and date)

11. TOTAL TIME (in years) spent in U.S.

MEDICAL CERTIFICATION OF DEATH

12. DATE OF DEATH (Month, day, and year)
8/13 1937

13. I HEREBY CERTIFY that I attended deceased from Aug 13 to Aug 13 at W. 37 and that he had been in the hospital or other place of confinement for _____ days.

14. Cause of death (The medical condition or conditions which caused the death, and the mode of death, such as fall, etc.)
Killed by slatefall in coal mine head and face

15. (If death occurred in hospital or other place of confinement, state the name of the institution and the name of the physician in charge.)
201-1

13. PLACE OF BIRTH (State or Territory)
Merchert Ky

14. NAME Pat Mapey

16. BIRTHPLACE (City or town) (State or Territory)
Ky

17. ADDRESS NAME Addee Lane

18. BIRTHPLACE (City or town) (State or Territory)
Ky

19. INFORMANT Walter E. Mapey
 (Address) Crown W.V.

20. JOURNAL, CREATION, OR REMOVAL (Place) Logan W.V. Date 8/15 No. 32

21. UNDERTAKER (Name) W. B. Chapman (Address) Logan W.V.

22. How and where the body was disposed of (Name of institution, date, and place)

23. If death was due to external causes, state the following (Accident—Strike—Herd—Fall—Disease—Injury)
Slatefall in coal mine

24. How caused or how it may be related to occupation or avocation (If not specify)
Slatefall in coal mine

25. (Signature) W. B. Chapman (Address) Logan W.V.

RECEIVED 9-1-37 Mrs. A. S. Chambers

MARRIAGE, SEPARATION, OR DIVORCE. THIS IS A PERMANENT RECORD. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE 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.