West Virginia State Department of Health
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Register No. 8004

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

County. Logan

District or Town or City Location - R. 2 No. St.; (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anson Sorrell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): single

6 DATE OF BIRTH: Dec. (Month) 9 (Day) 1919 (Year)

7 AGE: 0 yrs. 2 mos. 13 ds. IF LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: ~~Spinster~~ Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country)

PARENTS

10 NAME OF FATHER: Eugene Sorrell

11 BIRTHPLACE OF FATHER (State or country): Ky.

12 MAIDEN NAME OF MOTHER: Minnie Sorrell

13 BIRTHPLACE OF MOTHER (State or country): Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed ; 19 REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 22 (Day), 1920 (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 19..., to 19....., that I last saw h alive on , 19....., and that death occured, on the date stated above, at m.

The CAUSE OF DEATH was as follows;

"Flu" & Pneumonia Fever

91

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) , M. D.

, 19 (Address)

NOTE: State the DISEASE CAUSING DEATH. In deaths from VIOLENT CAUSE, State MEANS 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 | DATE OF BURIAL , 19

20 UNDERTAKER

ADDRESS

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.