

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. PHYSICIAN 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. 2331) Series No. 106 Division of Vital Statistics
 County Logan West Virginia State Department of Health
 District Triadelphia CERTIFICATE OF DEATH
 or
 Town or City Christian No. _____ St.; **10875**
 2 FULL NAME Charles Sorrells (For State Reg. use only)
 (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, single
 (Write the word)

6 DATE OF BIRTH May 3, 1901
 (Month) (Day) (Year)

7 AGE 21 yrs. 5 mos. 16 ds. IF LESS than 1 day, _____ hrs. or min.?

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

9 BIRTHPLACE Ky.
 (State or country)

PARENTS

10 NAME OF FATHER Eugene Sorrells

11 BIRTHPLACE OF FATHER Ky.
 (State or country)

12 MAIDEN NAME OF MOTHER Minnie Wagers

13 BIRTHPLACE OF MOTHER Ky.
 (State or country)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 19, 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 28, 1922, to September 19, 1922 that I last saw him alive on September 19, 1922 and that death occurred, on the date stated above, at _____ m.
 The CAUSE OF DEATH was as follows;
 (Primary) Typhoid Fever
 (Duration) _____ yrs. _____ mos. 25 ds.

CONTRIBUTORY Bronchial Pneumonia
 (Secondary) (Duration) _____ yrs. _____ mos. 12 ds.

(Signed) Augustus Holderfield, D.
Sept 19, 1922 (Address) Man, W. Va.

NOTE: State the DISEASE CAUSING DEATH. In deaths from VIOLENT CAUSES, 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 Farmers Ky DATE OF BURIAL 9/21, 1922

20 UNDERTAKER A. B. Gilman
 ADDRESS Man, W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Eugene Sorrells
 (Address) Farmers Ky.

15 Filed Sept 29, 1922 M. A. Bailey REGISTRAR