

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

6461

Dist. No. 200 Serial No. 148

State File No.

1. NAME OF DECEASED <u>Marion Wages Carroll</u>		2. AGE AT DEATH <u>May 24 1949</u>	
3. PLACE OF BIRTH <u>Noland (Mingo Co.)</u>		4. USUAL RESIDENCE (Other than place of birth) <u>W. Va. Mingo</u>	
5. SEX <u>Female</u>		6. RACE <u>White</u>	
7. MARRIAGE STATUS <u>Married</u>		8. DATE OF BIRTH <u>March 17 1887</u>	
9. OCCUPATION <u>Housewife</u>		10. PLACE OF BIRTH <u>State of W. Va.</u>	
11. PAID BY NAME <u>Harrison Wages</u>		12. OCCUPATION <u>Per capita wages</u>	
13. MARITAL STATUS <u>No</u>		14. SOCIAL AFFILIATION	
15. CAUSE OF DEATH <u>593X-132</u>		16. MEDICAL ATTENDING PHYSICIAN <u>Wesley, Reptitis Atrophic Retinitis</u>	
17. PLACE OF DEATH <u>Home</u>		18. CITY OF DEATH	
19. COUNTY OF DEATH <u>Mingo</u>		20. STATE OF DEATH <u>W. Va.</u>	
21. I hereby certify that I attended the deceased from <u>5-25-49</u> to <u>5-25-49</u> and that death occurred on <u>5-25-49</u> at <u>5:00</u> PM.		22. SIGNATURE OF PHYSICIAN <u>W. D. Lawson</u>	
23. SIGNATURE OF REGISTRAR <u>A. B. Gilman</u>		24. SIGNATURE OF CLERK <u>A. B. Gilman</u>	

1949
 Dr. W. D. Lawson
 Red Jacket W. Va.
 Please make plain: No. 4. INFANTU LIT. Every legal declaration should be carefully explained. This certificate may be especially important. Physicians: Please write the cause of death clearly and legibly.