

West Virginia State Department of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Register No. **226**

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

County Logan

District Phillipha
or _____

Town or City Smallwood (No. _____) St.; _____ Ward _____

2 FULL NAME Alice Parvich

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) M

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 30 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Wife (b) General nature of industry, business, or establishment in which employed (if employee).

9 BIRTHPLACE (State or country) W. Va.

10 NAME OF FATHER Perry

11 BIRTHPLACE OF FATHER (State or country) W. Va.

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Mcneely
(Address) Man. W. Va.

15 Filed _____, 191_____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1-1, 1919
(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:
189
(Duration) _____ yrs _____ mos _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs _____ mos _____ ds. (Signed) M, 191____ (Address) _____ M. D.

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 this State _____ yrs _____ mos _____ ds. Where was disease contracted, If not at place of death?

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Salt Lake City DATE OF BURIAL 1-17, 1919

20 UNDERTAKER J. H. Mcneely ADDRESS Man. W. Va.

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.