

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'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important.

1 PLACE OF DEATH (Dist. No. 2321) Series No. 155 Division of Vital Statistics
 County Logan West Virginia State Department of Health
 District Logan CERTIFICATE OF DEATH 8340
 or
 Town or City Omar No. _____ St.; (For State Reg. use only)

2 FULL NAME Emmett Myers

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. Married
 (Write the word)

6 DATE OF BIRTH 1/1-1897
 (Month) (Day) (Year)

7 AGE 26 yrs. mos. da. or min.? IF LESS than 1 day, hrs

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

9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER R. B. Myers

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

12 MAIDEN NAME OF MOTHER Effie Daye

13 BIRTHPLACE OF MOTHER (State or country) Ky

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH 2/8-23 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 1922, to _____, 1922, that I last saw h. _____ alive on _____, 1922, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows; (Primary) 1975
Fell from engine; head severed from body (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) _____ (Duration) yrs. mos. da. (Signed) Dr P Chapin M. D. 2/8-23 1922 (Address) Omar, 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, TRANSMIGRANTS OR RECENT RESIDENTS)
 At place of death _____ yrs. mos. da. In the State _____ yrs. mos. da.
 Where was disease contracted, if not at place of death? _____

Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Arthur Myers
 (Address) _____

19 PLACE OF BURIAL OR REMOVAL Salt Lick, Ky DATE OF BURIAL _____ 1922

20 UNDERTAKER _____ ADDRESS _____

15 Filed 6/23 1923 Ella Jurell REGISTRAR