

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

WEST VIRGINIA STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**

14924

Dist. No. 2321 Serial No. 82

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 002

1. Place of Death: (a) County Logan  
(b) Magisterial District Madellheim  
(c) City or town Christiansburg  
(If outside city or town limits, write RURAL and give town)  
(d) Address Christiansburg  
(Street address, hospital, or institution)  
(e) Length of stay in hospital or inst. (yrs., mos., or days)  
(f) Length of stay in this community (yrs., mos., or days)

2. Home (Usual Residence) of Deceased:  
(a) State W.Va. (b) County Logan  
(c) City or town Christiansburg  
(If outside city or town limits, write RURAL and give town)  
(d) Street No. \_\_\_\_\_  
(If rural give location)  
(e) If foreign born, how long in U. S. A.? No years

3 (a) Full Name Albert Lee Harry  
3 (b) If veteran, name war \_\_\_\_\_ 3 (c) Social Security No. 232-24-194-02

4. Sex Male 5. Color or race white 6 (a) Single, married, widowed, or divorced Single  
6 (b) Name of husband or wife \_\_\_\_\_  
6 (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Oct 6 1922

8. Age: Years 19 Months 12 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Christiansburg W.Va.  
(Town, county, and state)

10. Usual occupation Commercial man  
11. Industry or business in coal mine

12. Name Lloyd Russell Harry  
13. Birthplace W.Va.  
14. Maiden Name Etta Pearl Roberts  
15. Birthplace W.Va.

16 (a) Informant's signature L. R. Harry  
(b) Address Christiansburg W.Va.

17 (a) Buried (b) Date thereof 11/21/41  
(Burial, cremation, or removal) (month, day, year)  
(c) Cemetery or crematory Madland  
Location Saltlick R. R. 112

18 (a) Funeral director (signature) W. R. ...  
(b) Address \_\_\_\_\_  
Fr. Dir. License No. 133 Embalmers No. 328

19. Filed 11-20-41 Mrs. L. S. Chambers  
Registrar

**MEDICAL CERTIFICATION**

20. Date of death 11/19/41 at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19-1941 to 11-19-1941, and that I last saw him alive on 11-19-1941.

Immediate cause of death Struck by Moving Train  
Due to Body run over at work  
Due to Large railroad

Due to \_\_\_\_\_

Other conditions None

(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If external causes contributed to the death fill in the following:  
(a) Accident, suicide, or homicide accident  
(b) Date of occurrence 11-19-41  
(c) Where did injury occur? Christiansburg W.Va.  
(City or town) (County) (State)  
(d) Did injury occur about home, on farm, industrial place, in public place? R.R. Track While at work? No  
(Specify type of place)

(e) Means of injury Crushed by R.R. locomotive  
23. Signature R. R. Roberts  
M. D. or other \_\_\_\_\_  
Address Man. W.Va. Date signed 11-20-41