

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Cath

Vol. No. 5105

Registration District No. 32

Inc. Town

Primary Registration District No. 5105

File No. 6484

Registered No. 7

(If death occurred in a hospital or institution give the name (number of street and number.)

City (No. St., Ward)

FULL NAME Anna Gilbert

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED, DIVORCED OR SEPARATED married (With the word)

DATE OF BIRTH Jan 20, 1868

AGE 49 yrs. 1 mo. 14 ds. IF LESS THAN 1 day ... hrs. or ... min.

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

BIRTHPLACE (State or country) Bath Co. W. Va.

NAME OF FATHER Sam Johnson

BIRTHPLACE OF FATHER (State or country) Virginia

Maiden name of mother Sallie Bailey

BIRTHPLACE OF MOTHER (State or country) Bath Co. W. Va.

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Padge A. Gilbert (Address) 147 1/2 N. Alexander

Filed 3/1 1917 W. C. Alexander Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 1, 1917

I HEREBY CERTIFY, That I attended deceased from Feb 25, 1917, to Feb 28, 1917, that I last saw her alive on Feb 28, 1917,

and that death occurred on the date stated above at 8:30 P.m. The CAUSE OF DEATH* was as follows:

Tachycardia of the Lung

(Duration) 1 yrs. mo. ds.

Contributory (Retention of the wind) (Duration) 3 yrs. mo. ds.

(Signed) A. D. Jones, M. D. (Address) Bath Co. W. Va.

*State the Immediate Cause of Death or its source from Violent Cause state (1) Mode of Injury and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Yearly visits or recent residents) At place of death 3 yrs. mo. ds. State W. Va. 1914 ds.

Where was disease contracted, if not at place of death? Former or usual residence

PLACE OF BURIAL OR REMOVAL Jesus Cemetery DATE OF BURIAL 3-23-17

UNDERTAKER Wm. H. Boyd ADDRESS 147 1/2 N. Alexander

WRITE PLAINLY WITH INK. THIS IS A PERMITS RECORD. Every item of information should be correctly reported. All entries should be made EXACTLY. PHYSICIAN SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Report statement of OCCUPATION in very important. See instructions on back of certificate.