

1 PLACE OF DEATH (Dist. No. 20921)  
(To be completed by Registrar)

West Virginia State Department of Health  
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH 10558

County Lagrange

District or Lagrange

Town or City Orange W. Va. No. 1

Register No. 275

2 FULL NAME Oliver Robert Galdie

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

11 DATE OF DEATH August 27 1931  
(Month) (Year)

6 DATE OF BIRTH July 29 1928  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 21, 1931, to August 27, 1931, that I last saw him alive on August 27, 1931, and that death occurred, on the date stated above, at 6:30 PM.

7 AGE 3 yrs. 29 ds. or 3 mo. 29 days

18 THE CAUSE OF DEATH was as follows:  
Liver cancer  
120

8 OCCUPATION (a) Trade, profession, or occupation kind of work Minor  
(b) General nature of industry, business, or establishment in which employed (or employed as)

(Duration) (Year) (Month) (Day)

9 BIRTHPLACE (State or country) Ky

19 Occupation (Secretary) 27 22 21 20  
(Duration) (Year) (Month) (Day)

10 NAME OF FATHER Wesley Galdie

20 Signature J. J. Bonapfield Registrar

11 BIRTHPLACE OF FATHER (State or country) Ky

21 Date August 28, 1931 (Month) (Day) (Year)

12 MARDEN NAME OF MOTHER Lucy

NOTE: While the District Coroner's Office is unable to issue Cause, Style, Manner, or Degree, and whether accidental, homicidal, or suicidal.

13 BIRTHPLACE OF MOTHER (State or country) Ky

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death: yes no da 21 mo 29 da

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, if not at place of death?

15 (Name) Pete Ruskens  
(Address) Orange W. Va.

22 PLACE OF BURIAL OR REMOVAL Funeral DATE OF BURIAL Aug 29 1931

16 (Signature) Ed Collins  
(Address) Orange W. Va.

23 UNDERTAKER Ed Collins  
ADDRESS Orange W. Va.

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.

17 (Signature) Ed Collins REGISTRAR

ADDRESS Orange W. Va.