

This becomes a legal record when properly executed and will be placed in permanent file.

Write plainly with permanent ink or typewriter.

Physician last in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

Cause of death.

Enter only one cause per line for A.B.C.* This does not mean mode of dying such as heart failure, asthenia, etc., it means the disease, injury or complication which caused death.

Funeral director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.

All entries are to be complete and accurate.

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dist No. 230 State File No. 17192
Serial No. 578

1. NAME OF DECEASED (Type or Print) ERNEST IGO			2. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1949		
3. PLACE OF DEATH a. COUNTY Logan			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE West Va. b. COUNTY Logan		
b. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Chapmanville		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Chapmanville		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION XX					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 22, 1880	9. AGE (In years) 69 If under 1 year: 8 Months 6 Days
10. USUAL OCCUPATION Retired		10a. KIND OF BUSINESS OR INDUSTRY Coal Miner		11. BIRTHPLACE (State or foreign country) Menefee Co., Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Dan Igo			14. MOTHER'S MAIDEN NAME Lucretia Igo		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 235-16-1993		17. INFORMANT W. S. Robinson	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar Skull Fracture and		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Crushed Chest - Instantly			
		DUE TO (c) Killed by Train			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 802A-169			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Chapmanville, Logan Co., West Va.	
21d. TIME (Month) (Day) Year Dec. 28, 49		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by train	
21g. INQUEST Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			

23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/30/49		24c. NAME OF CEMETERY OR CREAMATORY Farmers, Ky.	
24d. EMBALMERS SIGNATURE Harold D. Ruffe		24e. LIC. NO. 1174			
DATE REC'D BY LOCAL REG. 1-6-50		REGISTRAR'S SIGNATURE Ed Lane		25. FUNERAL DIRECTORS (Signature) Harold D. Ruffe	
				LIC. NO. 751	