

PX1461

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Robert Richards Arthur

Male May 27, 1973

1. Name (Last, first, middle)
2. White
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11. Charleston
12. Yes
13. St. Francis Hospital

14. W.Va.
15. USA
16. Married
17. Wilma Miller

18. 236-09-2143
19. Pipefitter
20. Chemical

21. W.Va.
22. Putnam
23. Pocahontas
24. RFD 1

25. Shell Arthur
26. W.Va.
27. Anna Cottrill
28. W.Va.

29. Yes
30. World War 2
31. Wilma Arthur
32. RFD 1
33. Pocahontas, W.Va.

34. Hodgkin's Disease
35. Immediate Cause (a)
36. Due to (b)
37. Due to (c)

38. Part II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
39. Autopsy (yes or no)
40. If yes, were findings considered in determining cause of death?

41. Accident, suicide, homicide, or undetermined (specify)
42. Date of injury (month, day, year)
43. How injury occurred (nature of injury in Part I or Part II, item 19)

44. Injury at work (specify yes or no)
45. Place of injury at home, farm, street, factory, office bldg., etc. (specify)
46. Location (street or R.F.D. No., city or town, state)

47. I attended the deceased from 5-15-73 to 5-27-73 and last saw the deceased alive on 5-26-73
48. Death occurred at 7:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

49. Signature (Degree or title)
50. Address
51. Date signed
52. 1576 Wash. St. E. Chas.
53. 6-5-73

54. Burial, cremation, removal (specify)
55. Cemetery or crematory name
56. Location
57. City or town
58. State
59. burial
60. Haven of Rest Mem. Gdn.
61. Hometown, W.Va.

62. Date (month, day, year)
63. Funeral home name and address (street or R.F.D. No., city or town, state, ZIP)
64. 5-29-1973
65. Gatens-Pocahontas, W.Va.

66. Funeral director's signature
67. Date signed
68. Date recd. by local reg.
69. Registrar's signature
70. 5-22-1973
71. 6-2-73
72. Mary Miller

73. I hereby certify that the above is a true photographic copy of a record filed with the Division of Vital Statistics, West Virginia State Department of Health, Charleston, West Virginia.

74. Witness my hand and seal this eleventh day of June, 1973.

75. N. H. Dyer, M.D., Registrar

76. C04377

D.C. No. 400

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Serial No. 68

CERTIFICATE OF DEATH

71017103

DECEASED—NAME First Middle Last Howard Wallace Cochran			SEX Male	DATE OF DEATH (month, day, year) November 28, 1971	
RACE (White, Negro, American Indian, etc. (specify)) White		AGE—LAST BIRTHDAY (years) 64	Under 1 year Mort. Days 19	Under 1 day Hours Min. Oct. 9, 1907	COUNTY OF DEATH Putnam
TOWN, OR LOCATION OF DEATH Nitro		INSIDE CITY LIMITS (Specify yes or no) Yes		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 91 40th Street Road	
DATE OF BIRTH (If not in U.S., give country) Nitro, Va.		CITIZEN OF WHAT COUNTRY U. S. A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
SECURITY NUMBER 235-09-3261		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Foreman Industrial		SURVIVING SPOUSE (If wife, give maiden name) Sylvia Marie Westfall	
KIND OF BUSINESS OR INDUSTRY Monsanto Chemical Co.		INSIDE CITY LIMITS (Specify yes or no) Yes		Street and number 91 40th St. Road	
FATHER—NAME Wallace Cochran		BIRTHPLACE (State or country) Va.		MOTHER—MAIDEN NAME Debbie McCoy	
BIRTHPLACE (State or country) Va.		BIRTHPLACE (State or country) Va.		BIRTHPLACE (State or country) Va.	
Was deceased ever in the U.S. armed forces? (If yes, give war or dates of service) No					
INFORMANT—SIGNATURE Marie Cochran					
ADDRESS Nitro, W. Va.					
DATE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemic Shock Due to (b) Due to (c) Approximate interval between onset and death 6 Mo.					
OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a) Autopsy (yes or no) If yes, were findings considered in determining cause of death?					
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (specify) Unexplained		DATE OF INJURY (month, day, year) 11/28/71		HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 19) M. 21d.	
PLACE OF INJURY AT HOME, PARLOR, STREET, FACTORY, OFFICE BLDG., ETC. (specify) 21f.		LOCATION (Street or R.F.D. No., city or town, state) 21g.			
I attended the deceased from 1950 to 11/28/71 and last saw the deceased alive on 11/2/71					
Signature of informant Marie Cochran					
DATE SIGNED 11/28/71					
MANNER OF DEATH Burial		CEMETERY OR CREMATORY—NAME Gunningham Memorial Park		LOCATION 24c. St. Albans W. Va.	
(month, day, year) November 30, 1971		FUNERAL HOME—NAME AND ADDRESS 25. Eooke & Pauley Funeral Home, 2002 20th St Nitro, W. Va.		DATE REC'D BY LOCAL REG. 26a. 12/1/71	
REGISTRAR'S SIGNATURE J. H. H. H.		DATE SIGNED 25. 11/28/71		REGISTRAR'S SIGNATURE 26b. K. H. H. H.	

D00633

200 WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

11/13 CERTIFICATE OF DEATH 77 009826

1. NAME OF DECEASED (Print or print)
a. (First) Stonewall b. (Middle) J. c. (Last) Farley

2. DATE OF DEATH (Month) 7 (Day) 25 (Year) 62

3. PLACE OF DEATH (County)
a. CITY Kanawha b. LENGTH OF STAY IN CITY OR TOWN c. CITY OF TOWN Bancroft

4. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
a. STATE W. Va. b. COUNTY PUTNAM

5. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
H. J. Thomas Memorial Hosp.

6. IS PLACE OF DEATH INSIDE CITY LIMITS?
YES ☒ NO ☐

7. IS RESIDENCE INSIDE CITY LIMITS?
YES ☒ NO ☐

8. IS RESIDENCE ON A FARM?
YES ☐ NO ☒

9. COLOR OR RACE
a. White b. MARRIED ☐ NEVER MARRIED ☐ c. DATE OF BIRTH 6-19-09

10. AGE (In years last birthday) 53

11. BIRTHPLACE (State or foreign country)
W. Va.

12. COUNTRY OF BIRTH
U.S.A.

13. OCCUPATION (Give kind of work done during part of working life, even if retired)
Chemical Worker Chemical

14. MOTHER'S MAIDEN NAME
MARY E Cox

15. DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
This Jessie Farley - Bancroft W. Va.

17. INFORMANT
This Jessie Farley - Bancroft W. Va.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
105. IMMEDIATE CAUSE (a) Carcinoma left lung
DUE TO (b) metastatic carcinoma
DUE TO (c)

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

21. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

22. TIME OF INJURY (Month, Day, Year, Hour)
M.

23. INJURY OCCURRED WHILE AT WORK
AT WORK ☐ NOT WHILE AT WORK ☐

24. PLACE OF INJURY (e. g., on or about home, farm, factory, street, office bldg., etc.)

25. CITY OF TOWN COUNTY STATE

26. I stipulated the deceased from 7-9-62 to 7-25-62 and last saw the deceased alive on 7-25-62 on the date stated above; and to the best of my knowledge, from the causes stated.

27. SIGNATURE (Degree or title) 28. ADDRESS Charleston, W. Va. 29. DATE SIGNED 7-28-62

30. FINAL CREMATION, BURIAL, OR INTERMENT (Specify) 31. DATE 7-28-62 32. NAME OF CEMETERY Schoonen Cem 33. LOCATION (City, town, or county) Bancroft, W. Va. 34. REGISTRAR'S SIGNATURE 35. FUNERAL DIRECTOR J. M. Latens, Toca, W. Va.

36. DATE REC'D. BY LOCAL REG. 31-1962

500635

Dist. No. 200

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

7:005471

TYPE OR PRINT IN
PERMANENT INK
See handbook for
instructions

Serial No. <u>604</u>		SEX <u>Male</u>		DATE OF DEATH (month, day, year) <u>April 4, 1970</u>	
DECEASED—NAME First Middle Last <u>Edward Earl Hudnall</u>		1. <u>Male</u>		2. <u>April 4, 1970</u>	
RACE—White, Negro, American Indian, etc. (specify) <u>White</u>		AGE—LAST BIRTHDAY (years) <u>59</u>		DATE OF BIRTH (month, day, year) <u>9-1-10</u>	
CITY, TOWN, OR LOCATION OF DEATH <u>Charleston</u>		INSIDE CITY LIMITS (Specify yes or no) <u>Yes</u>		HOSPITAL OR OTHER INSTITUTION—NAME (if not on other, give street and number) <u>Charleston General Hospital</u>	
STATE OF BIRTH (if not in U.S., name country) <u>W. Va.</u>		CITIZEN OF WHAT COUNTRY <u>U.S.</u>		SURVIVING SPOUSE (if wife, give maiden name) <u>Isabelle Harrison</u>	
SOCIAL SECURITY NUMBER <u>235-09-0302</u>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Pipe Fitter</u>		KIND OF BUSINESS OR INDUSTRY <u>Monsanto Chemical Co</u>	
RESIDENCE—State <u>W. Va.</u>		County <u>Kanawha</u>		City, town, or location <u>Nitro</u>	
FATHER—NAME <u>Berry Hudnall</u>		BIRTHPLACE (state or country) <u>W. Va.</u>		MOTHER—MAIDEN NAME <u>Caroline Wagner</u>	
Was deceased ever in the U.S. armed forces? (Yes, no, or unknown) <u>NO</u>		If yes, give war or dates of service <u>17b.</u>		INFORMANT—SIGNATURE <u>Isabelle Hudnall</u>	
CAUSE OF DEATH (enter only one cause per line for (a), (b), and (c)) 19. Part I. DEATH WAS CAUSED BY: <u>1621</u> IMMEDIATE CAUSE (a) <u>Extensive pulmonary carcinoma with liver metastases.</u>		Approximate interval between onset and death <u>Several mos.</u>		AUTOPSY (yes or no) <u>YES</u>	
Part II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a) <u>1621</u>		If you were findings considered in determining cause of death <u>YES</u>		If you were findings considered in determining cause of death <u>YES</u>	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (specify) <u>21a.</u>		DATE OF INJURY (month, day, year) <u>21b.</u>		HOUR <u>21c.</u>	
INJURY AT WORK (specify yes or no) <u>21a.</u>		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (specify) <u>21b.</u>		LOCATION (street or R.F.D. No., city or town, state) <u>21c.</u>	
I attended the deceased from <u>3-30-70</u> to <u>4-4-70</u> and last saw the deceased alive on <u>4-4-70</u>		22. Death occurred at <u>10:00 Pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.		SIGNATURE (Degree or title) <u>Merna H. Odell M.D.</u>	
23a. <u>Charleston, W. Va.</u>		23b. <u>Charleston, W. Va.</u>		DATE SIGNED <u>4-7-70</u>	
BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		CEMETERY OR CREMATORY—NAME <u>Center Point Cemetery</u>		LOCATION <u>Liberty, W. Va.</u>	
DATE (month, day, year) <u>April 7 1970</u>		FUNERAL HOME—NAME AND ADDRESS (street or R.F.D. No., city or town, state, zip) <u>Cooke & Pauley Funeral Home, 2002 20th St., Nitro, W. Va.</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Edw. Pauley</u>	
DATE SIGNED <u>4/4/70</u>		DATE REC'D BY LOCAL REG. <u>Apr. 9, 1970</u>		REGISTRAR'S SIGNATURE <u>Carmella Olin</u>	

Form VS-002 (1-1-68)

300611

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
PHYSICIAN'S CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEDENT—NAME FIRST MIDDLE LAST		SEX	
1. <u>Elleman</u> <u>C</u> <u>Moore</u>		2. <u>Male</u>	
DATE OF DEATH (Mo., Day, Yr.)		3. <u>11/10/78</u>	
RACE (e.g., White, Black, American Indian, etc.) (Specify)	AGE—last birth day (Yr.)	UNDER 1 YEAR	UNDER 1 DAY
4. <u>White</u>	5. <u>53</u>	6. <u>4</u>	7. <u>20</u>
DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH	
8. <u>6-20-1920</u>		9. <u>Kenawha</u>	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not on other, give street and number)	
10. <u>Charleston</u>		11. <u>Charleston General Hospital</u>	
STATE OF BIRTH (if not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (if wife, give maiden name)
12. <u>W.Va.</u>	13. <u>USA</u>	14. <u>Married</u>	15. <u>Anna Skidmore</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
16. <u>234-24-0050</u>		17. <u>Foreman</u>	
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER
18. <u>W.Va.</u>	19. <u>Futner</u>	20. <u>Poca</u>	21. <u>Star Route</u>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
22. <u>Isaac C. Moore</u>		23. <u>Rosie Postlethwait</u>	
INFORMANT—NAME (Type or print)		MARITAL ADDRESS STREET OR R.F.D. NO.	
24. <u>Mrs. Anna Moore</u>		25. <u>Star Route, Poca, W.Va. 25159</u>	
BURNAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
26. <u>Burial</u>		27. <u>Tyler Mt. Memory Gardens</u>	
FURNERAL SERVICE LICENSE (Type or print)		NAME OF FACILITY	
28. <u>W.M. Hatter</u>		29. <u>Gatens Funeral Home</u>	
ADDRESS OF FACILITY		CITY OR TOWN	
30. <u>Poca, W.Va.</u>		31. <u>Charleston, W.Va.</u>	
If the true of my knowledge, death occurred at the time, date and place and due to the causes stated.		DATE SIGNED (Mo., Day, Yr.)	
32. <u>11/13/78</u>		33. <u>4:45</u>	
NAME OF ATTENDING PHYSICIAN (Type or print)		SIGNATURE	
34. <u>Markey/Rao</u>		35. <u>[Signature]</u>	
NAME AND ADDRESS OF CLERK (Type or print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
36. <u>[Signature]</u>		37. <u>11-14-78</u>	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
38. <u>[Signature]</u>		39. <u>11-14-78</u>	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE, FOR LOCAL AND NJ)		INTERVAL BETWEEN ONSET AND DEATH	
40. <u>Malignant fibrous Histocytoma of soft tissue origin, metastatic</u>		41. <u>T-1</u>	
DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
42. <u>[Blank]</u>		43. <u>[Blank]</u>	
DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
44. <u>[Blank]</u>		45. <u>[Blank]</u>	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	
46. <u>[Blank]</u>		47. <u>No</u>	
WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)		48. <u>No</u>	
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
49. <u>[Blank]</u>	50. <u>[Blank]</u>	51. <u>[Blank]</u>	52. <u>[Blank]</u>
IF NOT NOTIFIED MEDICAL EXAMINER	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.
53. <u>[Blank]</u>	54. <u>[Blank]</u>	55. <u>[Blank]</u>	56. <u>[Blank]</u>
INJURY AT WORK (Specify Yes or No)	CITY OR TOWN	STATE	
57. <u>[Blank]</u>	58. <u>[Blank]</u>	59. <u>[Blank]</u>	

FORM-VS-002
REV. 1-78

ORIGINAL

I hereby certify that the above is a true photo-static (photographic) copy of a record filed with the Division of Vital Statistics, West Virginia State Department of Health, Charleston, West Virginia

Witness my hand and seal this fourth day of December 1978

[Signature]
Joseph H. [Name] State Department of Health

D00648

CERTIFIED

VALID ONLY IF STATE SEAL AND SIGNATURE
OF REGISTRAR ARE IMPRINTED HEREON



VALID ONLY
IF SEAL AND
SIGNATURE
OF REGISTRAR
ARE IMPRINTED
HEREON

FEB 16 1979

THE ABOVE IS AN
EXACT COPY OF THE
ORIGINAL RECORD
FILED IN THE BUREAU
OF VITAL STATISTICS
ALABAMA
DEPARTMENT OF HEALTH
MONTGOMERY, ALA.

Forest E. Ludden
STATE REGISTRAR

2906 CERTIFICATE OF DEATH STATE OF ALABAMA

14234

1. OF DEATH DIED		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)	
Jafferson		Alabama	
3. TOWN, OR LOCATION		4. STATE	
Birmingham		Alabama	
5. IS PLACE OF DEATH INSIDE CITY LIMITS?		6. CITY, TOWN, OR LOCATION	
YES ☒ NO ☐		Birmingham	
7. NAME OF HOSPITAL, GIVE STREET ADDRESS		8. LENGTH OF STAY IN	
Carraway Mch. Hosp.		1308 - 28 - 51 - 00	
9. NAME OF DECEASED		10. DATE OF DEATH	
James Franklin Roe		6 9 1964	
11. COLOR		12. DATE OF BIRTH	
White		6-25-1911	
13. MARRIED		14. AGE (In years last birthday)	
NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		52	
15. OCCUPATION (Give kind of work)		16. IF UNDER 1 YEAR IF UNDER 2 MRS.	
Chemical Engineer		Months Days Hours Min.	
17. BIRTHPLACE (State or foreign country)		18. CITIZEN OF WHAT COUNTRY?	
Jeff. Co. Ala.		U.S.A.	
19. MOTHER'S MAIDEN NAME		20. NAME OF SURVIVING SPOUSE	
Mattie Rucker		Amy H. Roe	
21. DECEASED EVER IN U. S. ARMED FORCES?		22. SOCIAL SECURITY NO.	
No		1308 - 70 - 28 - 51	
23. INFORMANT'S NAME		24. ADDRESS	
Frank Roe		1308 - 28 - 51	
25. CAUSE OF DEATH (Enter only one cause for line for (a), (b), and (c))		26. INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		162.1 11.55	
IMMEDIATE CAUSE (a)			
DUE TO (b)			
DUE TO (c)			
27. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE		28. WAS AUTOPSY PERFORMED?	
CONDITION GIVEN IN PART II(a)		YES ☐ NO ☐	
29. (Probably) ACCIDENT SUICIDE HOMICIDE		30. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
☐ ☐ ☐		D00652	
31. TIME OF DEATH (Month, Day, Year)		32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office)	
6-11-1964		Birmingham	
33. INJURY OCCURRED AT (Home, Work, etc.)		34. CITY, TOWN, OR LOCATION	
AT HOME		Birmingham	
35. I attended the deceased from		36. and last saw her/him alive on	
6-11-1964		6-11-1964	
37. SIGNATURE		38. ADDRESS	
[Signature]		1308 - 28 - 51	
39. DATE SIGNED		40. NAME OF CEMETERY OR CREMATORY	
6-11-1964		Edna Wood	
41. LOCAL CREMATION (Specify)		42. LOCATION (City, town, or county)	
6-11-1964		Birmingham Ala.	
43. LOCAL REG.		44. REGISTRAR'S SIGNATURE	
JUN 16 1964		Tommy A. Liddle	

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
PHYSICIAN'S CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER			
1. DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF BIRTH (Mo., Day, Yr.)	
Hugo David Tidquist Sr.		Male		Nov. 13, 1910	
2. RACE (Specify)		AGE—Last birthday		DATE OF DEATH (Mo., Day, Yr.)	
White		63		Aug. 13, 1978	
3. CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not in index, give street and number)		COUNTY OF DEATH	
Nitro		1109 Park Ave.		Kanawha	
4. STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Kansas		U. S. A.		10. Married	
6. SOCIAL SECURITY NUMBER		7. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		8. SURVIVING SPOUSE (If wife, give maiden name)	
512-10-9016		Retired Foreman		11. Sarah Santrock Tidquist	
9. RESIDENCE—STATE		CITY, TOWN OR LOCATION		STREET AND NUMBER	
West Virginia		Nitro		1109 Park Ave.	
12. COUNTY		13. STREET AND NUMBER		14. DATE CITY LISTED (Specify Yr. or Mo.)	
Kanawha		1109 Park Ave.		Yes	
15. FATHER—NAME FIRST MIDDLE LAST		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
Charley Tidquist		Clara Bloomsdahl			
17. INFORMANT—NAME (Type or print)		18. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
Sarah S. Tidquist		1109 Park Ave., Nitro, West Virginia 25143			
19. BURIAL, CREMATION, OR COVAL OTHER (Specify)		20. CEMETERY OF CREMATORIUM—NAME LOCATION CITY OR TOWN STATE			
Burial		Cunningham Memorial Park St. Albans, W. Va.			
21. FUNERAL SERVICE (Type or print)		22. NAME OF FACILITY ADDRESS OF FACILITY CITY OR TOWN STATE			
Cooke & Pauley Funeral		Nitro, W. Va.			
23. To the best of my knowledge and belief, I certify that the facts stated above are true and correct.		24. DATE SIGNED (Mo., Day, Yr.)		25. HOUR OF DEATH	
Nov. 13, 1978		Nov. 13, 1978		3:30 A.M?	
26. NAME OF ATTENDING PHYSICIAN & OTHER THAN CERTIFIER (Type or print)		27. NAME AND ADDRESS OF CERTIFIER (Type or print)			
28. SIGNATURE		29. DATE RECEIVED BY MC-STAR (Mo., Day, Yr.)			
Angus S. Slaughter		11-16-78			
30. IMMEDIATE CAUSE		31. INTER-CAUSE PERIOD (Mo., Day, Yr.)			
Acute Myelogenous Leukemia					
32. DUE TO, OR AS A CONSEQUENCE OF		33. DUE TO, OR AS A CONSEQUENCE OF			
Refractory Anemia					
34. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		35. AUTOPSY (Specify Yes or No)		36. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	
		NO		NO	
37. ACCIDENT (Specify Yes or No)		38. DATE OF INJURY (Mo., Day, Yr.)		39. HOUR OF INJURY	
40. INJURY AT WORK (Specify Yes or No)		41. PLACE OF INJURY—At home, farm, street, factory, other building, etc. (Specify)		42. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	

ORIGINAL

I hereby certify that the above is a true photo-static (photographed) copy of a record filed with the Division of Vital Statistics, West Virginia State Department of Health, Charleston, West Virginia

Witness my hand and seal this sixteenth day of November 19 78

D00656

12. No. 400

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

13. No. 20

CERTIFICATE OF DEATH

1. DECEASED NAME: RALPH NMT WESTFALL SEX: 2. MALE DATE OF DEATH: 170-002-881-3 FEB 25 1970

2. RACE: WHITE AGE—LAST BIRTHDAY (year): 54 Under 1 year: 54 Under 1 day: 7 DATE OF BIRTH (month, day, year): 6 JULY 8, 1915 COUNTY OF DEATH: PUTNAM

3. TOWN, OR LOCATION OF DEATH: NITRO INSIDE CITY LIMITS (Specify yes or no): 7c. NO HOSPITAL OR OTHER INSTITUTION—NAME (if not in other, give street and number): 7d. 228 CROSS LANE DR. NITRO, WV

4. OF BIRTH (if not in same country): WV CITIZEN OF WHAT COUNTRY: 9. USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 10. MARRIED SURVIVING SPOUSE (if wife, give maiden name): 11. NAOMI WOODALL

5. SECURITY NUMBER: 32-16-0225 USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. PIPEFITTER KIND OF BUSINESS OR INDUSTRY: 13b. CHEMICAL

6. STATE: WV County: 14a. PUTNAM City, town, or location: 14b. NITRO INSIDE CITY LIMITS (Specify yes or no): 14c. NO Street and number: 14d. 228 CROSS LANE DR.

7. NAME: LEWIS WESTFALL BIRTHPLACE (state or country): 75b. WV MOTHER—MAIDEN NAME: 16a. LULU ELMORE BIRTHPLACE (state or country): 16b. WV

8. Was deceased ever in the U.S. armed forces? (If yes, give war or dates of service): No INFORMANT—SIGNATURE: 18a. Mrs. Naomi Woodfall ADDRESS: 228 Cross Lane Dr. Nitro, WV

9. I. DEATH WAS CAUSED BY: 2. IMMEDIATE CAUSE (a) Acute dehydration Approximate interval between onset and death: 2. 1 1/2 hr.

Due to (b): Cc of lungs with metastasis

Due to (c):

10. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a) AUTOPSY (yes or no): 20a. If yes were findings considered in determining cause of death: 20b.

11. DECEASED DETERMINED (Specify): 21a. DATE OF INJURY (month, day, year): 21b. HOUR: 21c. M. 21d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 19):

12. AT WORK (If yes or no): 21f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify): 21g. LOCATION (Street or R.F.D. No., city or town, state):

13. attended the deceased from: 11/17/69 to: 2-25-70 and last saw the deceased alive on: 2-1-70

14. Death occurred at: 11:30 AM on the date stated above; and to the best of my knowledge, from the causes stated. SIGNATURE: 22a. [Signature] ADDRESS: 22b. 1632-B Washington St. Charleston, W. Va. DATE SIGNED: 22c. 2-26-70

15. CREMATION, REMOVAL (Specify): 23a. BURIAL CEMETERY OR CREMATORY—NAME: 23b. TYLER MNT. MEMORY GARDEN LOCATION: 23c. CHARLESTON CITY OR TOWN: 23d. WV STATE: 23e.

16. DATE: 2-28-70 FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., city or town, state, zip): 23f. GATENS FUNERAL HOME, PO Box 25159, WV

17. DECEASED DIRECTOR'S SIGNATURE: 24a. [Signature] DATE SIGNED: 24b. 2/25/70 DATE REC'D BY LOCAL REG.: 24c. 3.2/70 REGISTRAR'S SIGNATURE: 24d. [Signature]

18. 12-002 (1-1-68)

000655

Dist. No. 200

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Serial No. 1644

CERTIFICATE OF DEATH

71 013196

OR PRINT IN
PERMANENT INK
Handbook for
Instructions

DECEASED

usual residence
of deceased
d. If death
occurred in insti-
tution, give resi-
dence before ad-

CAUSE

CAUSE

CAUSE

BURIAL

DECEASED—NAME First Middle Last 1. John Lewis Workman			SEX 2. Male	DATE OF DEATH 3. August 30, 1971
RACE—White, Negro, American Indian, etc. (specify) 4. White		AGE—LAST BIRTHDAY (years) 5a. 50	Under 1 year 5b. Mos. Days 5c. Hours Min.	DATE OF BIRTH 6. 9/26/1920
CITY, TOWN, OR LOCATION OF DEATH 7b. So. Charleston		INSIDE CITY LIMITS 7c. Yes	HOSPITAL OR OTHER INSTITUTION (if not in either, give street and number) 7d. Thomas Memorial Hospital	
STATE OF BIRTH (if not in U.S.A., name country) 8. W. Va.		CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	SURVIVING SPOUSE (if wife, give maiden name) 11. Beverly Arterburn
SOCIAL SECURITY NUMBER 12. 233-32-4578		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Chemical Operator		KIND OF BUSINESS OR INDUSTRY 13b. Union Carbide
RESIDENCE—State 14a. W. Va.	County 14b. Kanawha	City, town, or location 14c. St. Albans		INSIDE CITY LIMITS (specify yes or no) 14d. No
FATHER—NAME 15a. Edgar Workman		BIRTHPLACE (state or country) 15b. W. Va.	MOTHER—MAIDEN NAME 16a. Veda Morris	BIRTHPLACE (state or country) 16b. W. Va.
Was deceased ever in the U.S. armed forces? (Yes, no, or unknown) 17a. Yes		(If yes, give war or dates of service) 17b. WWII		INFORMANT—SIGNATURE 18. Beverly Arterburn
CAUSE OF DEATH (enter only one cause per line for (a), (b), and (c)) 19. Part I. DEATH WAS CAUSED BY: 1517 IMMEDIATE CAUSE (a) Carcinoma stomach		Due to (b) _____ Due to (c) _____		ADDRESS 18b. Same as 14c & 14e
Part II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)		AUTOPSY (yes or no) 20a.		If yes were findings considered in determining cause of death 20b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (specify) 21a.		DATE OF INJURY (month, day, year) 21b.	HOUR 21c.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 19) 21d.
INJURY AT WORK (specify yes or no) 21a.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (specify) 21b.	LOCATION (street or R.F.D. No., city or town, state) 21c.	C04369
I attended the deceased from July 1971 to August 30, 1971 and last saw the deceased alive on Aug 29, 1971				
22. Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.				
SIGNATURE 23a. [Signature]		(Degree or title) 23b. [Signature]		DATE SIGNED 23c. 7/3/71
BURIAL, CREMATION, REMOVAL (Specify) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Cunningham Mem. Park		LOCATION 24c. St. Albans, W. Va.
DATE (month, day, year) 24d. September 1, 71		FUNERAL HOME—NAME AND ADDRESS (street or R.F.D. No., city or town, state, ZIP) 25a. Casdorph & Curry P.H. St. Albans, W. Va. 25177		
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		DATE SIGNED 25c. 9-3-71		DATE REC'D BY LOCAL REG. 25d. Sept. 8, 1971
				REGISTRAR'S SIGNATURE 25e. [Signature]

Form VS-002 (1-1-68)