

D. V. 2-Form 2

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

1 PLACE OF DEATH (Dist. No. <u>0641</u> ) (To be inserted by local Registrar)		Series No. <u>17</u>	Division of Vital Statistics
County <u>Cabell</u>		West Virginia State Department of Health	
District <u>M. G. Comas</u>		CERTIFICATE OF DEATH	<u>13712</u>
Town or City <u>Salt Rock</u>		(For State Reg. use only)	
2 FULL NAME <u>Mary F. Keyser</u>		No. ....	St. .... Ward
(a) Residence. No. .... (Usual place of abode)		St. .... Ward. ....	
Length of residence in city or town where death occurred yrs. mos. days.		How long in U. S. A., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of (Give full maiden name) <u>H. H. Keyser</u>		16 DATE OF DEATH (Month, day and year) <u>Oct. 25 1929</u>	
6 DATE OF BIRTH (month, day and year) <u>Mar 12, 1860</u>		17 I HEREBY CERTIFY That I attended deceased from <u>Sep. 8</u> , 1929, to <u>Oct. 25</u> , 1929, that I last saw her... alive on <u>Oct. 25</u> , 1929, and that death occurred on date stated above, at ... M.	
7 AGE	Years	Months	Days
<u>69</u>	<u>7</u>	<u>13</u>	If LESS than 1 day... hrs. or ... min.
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>Housewife</u>		The CAUSE OF DEATH was as follows: (Primary or beginning cause) <u>Bright's Disease</u>	
(b) General nature of industry, business, or establishment in which employed (or employer)		129 (Duration) yrs. mos. ds.	
(c) Name of employer		Contributory (Secondary or finishing cause)	
9 BIRTHPLACE (city or town) (State or country) <u>W. Va.</u>		(Duration) yrs. mos. ds.	
10 NAME OF FATHER <u>Alonzo Ketchum</u>		18 Where was disease contracted, If not at place of death?	
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>W. Va.</u>		Did an operation precede death? ... Date of	
12 MAIDEN NAME MOTHER <u>Margaret Hunter</u>		Was there an autopsy?	
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>W. Va.</u>		What test confirmed diagnosis? (Signed) <u>M. F. Brown</u> M. D. (Address) <u>West Hamlin, W. Va.</u>	
14 SIGNATURE OF INFORMANT <u>H. H. Childers</u> (Address) <u>Salt Rock, W. Va.</u>		19 PLACE OF BURIAL Cremation or Removal <u>Keyser cem.</u>	
15 Received. <u>Oct. 29</u> , 1929. <u>Opal Fellure</u> REGISTRAR		Date of Burial <u>10/25/29</u> 20 Undertaker <u>H. C. Neek</u>	
		Address <u>Milton, W. Va.</u>	