

MARGIN RESERVED FOR BINDING

D. V. S. Form 2

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every physician 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. 5431) Series No. 275 Division of Vital Statistics  
 (TO BE INSERTED BY LOCAL REGISTRAR)  
 County Wood West Virginia State Department of Health  
 District Parkersburg CERTIFICATE OF DEATH 11377  
 Town or City Parkersburg No. 42I Ann St., 1 Ward  
 (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
 2. FULL NAME Charles Morton Hastings  
 (a) Residence. No. 42I Ann St., 1 Ward.  
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)  
 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

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED  
 Husband of \*\*\*\*\*  
 (or) Wife of \*\*\*\*\*

6. DATE OF BIRTH (month, day, and year) November 11th, 1870

7. AGE Years Months Days If LESS than day, hrs. or min.  
63 8 22

8. TRADE PROFESSION or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee of

9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc. Parkersburg Bridge Co.

10. DATE DECEASED LAST WORKED at this occupation (month and year) 11. TOTAL TIME (years) spent in this occupation 00

12. BIRTHPLACE (city or town) (State or County) Ironton, Ohio

FATHER  
 12. NAME John B. Hastings  
 14. BIRTHPLACE (city or town) (State or Country) Belfonte, Pa.

MOTHER  
 15. MAIDEN NAME Cecelia Ainsworth  
 16. BIRTHPLACE (City or Town) (State or Country) Washington Co, Ohio,

17. INFORMANT John R. Hastings  
 (Address) 1623 Murdoch Ave, City

18. BURIAL, CREMATION, OR REMOVAL  
 Place I. O. O. F. Cem. Date Aug, 5th, 19 34.

19. UNDERTAKER Stanley N. Vaughan  
 (Address) 1010 Murdoch Ave. Embalmer's No. 708

20. FILED 8/4, 1934 F. R. Knight  
 Registrar.

MEDICAL CERTIFICATION OF DEATH

21. DATE OF DEATH (month, day and year) August 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29 1934, to Aug 3 1934. I last saw him alive on Aug 3 1934 death is said to have occurred on the date stated above, at 10:30 A.M.  
 The principal cause of death and related causes of importance in order of onset were as follows:  
Strepococci Infection  
Causing  
General Septicemia  
 Date of onset Nose and throat

Contributory causes of importance not related to principal cause: 115 A

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes, fill in also the following  
 (Check) Accident—Suicide—Homicide? Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify City or Town, County, and State)  
 Check whether injury occurred in industry \_\_\_\_\_ home \_\_\_\_\_ public place \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If, so, specify \_\_\_\_\_  
 (Signed) Dr. Robinson M. D.  
 (Address) Parkersburg, W. Va.