

1 PLACE OF DEATH (Dist. No. 2021)  
(To be inserted by local Registrar)

Series No. 295

Division of Vital Statistics

County Kanawha  
District Charleston  
Town or City Charleston  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

West Virginia State Department of Health

CERTIFICATE OF DEATH

6240

No. Starks Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(For State Reg. use only)

2 FULL NAME Lewis O. Smith

(a) Residence. No. 1202 Kan. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

(If non-resident give city or town and state)  
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) Married

5a If married, widowed or divorced HUSBAND of Sallie Boggs (or) WIFE of \_\_\_\_\_  
(Give full maiden name)

6 DATE OF BIRTH (month, day and year) Aug 20 - 1881

7 AGE Years Months Days If LESS than 1 day.....hrs. or .....min.  
46 8 11

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work... Lumberman  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) West Virginia

10 NAME OF FATHER \_\_\_\_\_

11 BIRTHPLACE OF FATHER (city or town) (State or country) \_\_\_\_\_

12 MAIDEN NAME MOTHER \_\_\_\_\_

13 BIRTHPLACE OF MOTHER (city or town) (State or country) \_\_\_\_\_

14 SIGNATURE OF O. C. Lewis, INFORMANT (Address) 1202 Kan. St. City

15 Received 5-2-, 1928 Hugh B. Atkins, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 1 1928

17 I HEREBY CERTIFY that I attended deceased from April 29, 1928, to May 1, 1928, that I last saw him alive on May 1, 1928, and that death occurred on date stated above, at 7:30 P. M.

The CAUSE OF DEATH was as follows: (Primary or beginning cause)

Perforated gastric ulcer  
115-1  
(Duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory General Peritonitis (Secondary or finishing cause)  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

18 Where was disease contracted if not at place of death? Clinton W. Va.

Did an operation precede death? yes Date of April 29, 1928

Was there an autopsy? no

What test confirmed diagnosis? Inspection  
(Signed) M. S. ... M. D.  
(Address) Charleston, West Va.

19 PLACE OF BURIAL (Cremation or Removal) Charlottesville W. Va.

Date of Burial \_\_\_\_\_ 20 Undertaker \_\_\_\_\_

May 3 - 1928 P. A. Simpson

Address Charleston W. Va.

MARGIN RESERVED FOR BINDING  
D. V. Form 2  
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.