

D. V. S.—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. 0631) Series No. 158 Division of Vital Statistics
 (To be inserted by local Registrar)
 County Cabell West Virginia State Department of Health
 District Gideon CERTIFICATE OF DEATH 4540
 (For State Reg. use only)
 Town or City Huntington No. 2744 Guyan Ave. St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Wayland O Deas
 (a) Residence. No. 2744 Guyan Ave St., 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 <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Divorced</u>		
5a If married, widowed or divorced HUSBAND of (or) WIFE of (Give full maiden name)				
6 DATE OF BIRTH (month, day and year) <u>June 20 - 1902</u>				
7 AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	<u>27</u>	<u>9</u>	<u>20</u>	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work... <u>Professional</u> (b) General nature of industry, business, or establishment in which employed (or employer)... <u>Ball Player</u> (c) Name of employer				
9 BIRTHPLACE (city or town) (State or country) <u>W. Va.</u>				
PARENTS	10 NAME OF FATHER <u>Levi J. Deas</u>			
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>W. Va.</u>			
	12 MAIDEN NAME MOTHER <u>Ada Johnson</u>			
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>W. Va.</u>			
14 SIGNATURE OF INFORMANT <u>L. J. Deas</u> (Address) <u>2744 Guyan Ave</u>				
15 Received <u>Apr 14, 1930</u> <u>Lucie D. Chapman</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month, day and year) <u>Apr 11 1930</u>
17 I HEREBY CERTIFY that I attended deceased from <u>1073</u> , 19 <u>29</u> , to <u>4/11</u> , 19 <u>30</u> , that I last saw him alive on <u>4/11</u> , 19 <u>30</u> , and that death occurred on date stated above, at <u>2:35 P.M.</u> The CAUSE OF DEATH was as follows: (Primary or beginning cause) <u>23</u> <u>Pulmonary Tuberculosis</u> <u>relapsing</u> (Duration) <u>2</u> yrs. mos. ds. Contributory <u>living with</u> (Secondary or finishing cause) <u>wife</u> (Duration) yrs. mos. ds.
18 Where was disease contracted, if not at place of death?
Did an operation precede death? <u>no</u> Date of
Was there an autopsy? <u>no</u>
What test confirmed diagnosis? (Signed) <u>Frederick C. Fitch</u> D. (Address) <u>Huntington</u>
19 PLACE OF BURIAL Cremation or Removal <u>Spring Hill Cemetery</u> Date of Burial <u>April 13 - 1930</u> Undertaker <u>W. H. Funeral Home</u> Address <u>Huntington W. Va.</u>