

CERTIFICATE OF DEATH

VS-002 (6-1-45)

Dist. No. 420 Serial No. 7

1. Place of Death:
 (a) County Randolph
 (b) Magisterial District Leadsville
 (c) City or town Elkins
 (If outside city or town limits, write RURAL and give town)
 (d) Address Memorial General Hospital
 (Street address, hospital, or institution)
 (e) Length of stay in hospital or inst. (yrs., mos., or days) 60
 (f) Length of stay in this community (yrs., mos., or days)

2. Home (Usual Residence) of Deceased:
 (a) State W. Va. (b) County Randolph
 (c) City or town Elkins
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. 1304 S. Davis Ave.
 (If rural give location)
 (e) If foreign born, how long in U. S. A.? ----- years.

3. (a) Full Name Del Clinton Gainer

3. (b) If veteran, name war World War I 3 (c) Social Security No. _____

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Pauline Edwards Gainer
 6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1886

8. Age Years Months Days If less than one day
60 2 19 hr. min.

9. Birthplace Montrose, Randolph Co., W. Va.
 (Town, county, and state)

10. Usual occupation U. S. Deputy Marshal

11. Industry or business -----

12. Name Matthew L. Gainer

13. Birthplace Randolph County, W. Va.

14. Maiden Name Lydia Phares

15. Birthplace Randolph County, W. Va.

16 (a) Informant's signature Ms. D. C. Gainer

(b) Address Elkins, West Virginia

17 (a) Burial (b) Date thereof Feb. 1, 1947
 (Burial, cremation, or removal) (month) (day) year

(c) Cemetery or crematory Maplewood Cemetery
 Location Elkins, West Virginia

18 (a) Funeral director (signature) J. C. Runner

(b) Address Elkins, West Virginia

Fr. Dir. License No. 275 Embalmers No. 427

19. Filed 2-5 19 47 Ms. Mrs. W. H. Whigfield
 Registrar

MEDICAL CERTIFICATION

20. Date of death January 29th 1947, at 11:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 29 Jan 1947, to 29 Jan 1947, and that I last saw him alive on 29 Jan 1947 9:30

Immediate cause of death Coronary Occlusion Duration 2 hrs

Due to _____

Due to _____

Other conditions Hypertensive Cardiovascular disease
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If external causes contributed to the death fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
 (Specify type of place)

(e) Means of injury _____

23. Signature _____ M. D. or other

Address Elkins, W. Va. Date signed 1/30/47

PHYSICIAN
 Underline the cause to which death should be charged statistically.