

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. 2951)

Series No. H1

Division of Vital Statistics

(TO BE INSERTED BY LOCAL REGISTRAR)

County Mineral

West Virginia State Department of Health

CERTIFICATE OF DEATH

17454

(FOR STATE REG. USE ONLY)

District Piedmont Wg

Town or City Piedmont

No. _____ St., _____ Ward _____

(IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME William Louder

(a) Residence. No. 90 Fairview 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 30 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) Married

5a. IF MARRIED, WIDOWED, OR DIVORCED Husband of (or) Wife of Pearl Knight Louder

6. DATE OF BIRTH (month, day, and year) Aug 27, 1884

7. AGE Years 51 Months 3 Days 11 If LESS than day, _____ hrs. or _____ min.

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

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

10. DATE DECEASED LAST WORKED at this occupation (month and year) 1933 11. TOTAL TIME (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Pittsburg (State or Country) Penna.

FATHER 13. NAME William Louder

FATHER 14. BIRTHPLACE (city or town) Scotland (State or Country)

MOTHER 15. MAIDEN NAME Agnes Pringle

MOTHER 16. BIRTHPLACE (City or Town) Scotland (State or Country)

17. INFORMANT Robert Louder (Address) Pittsburg, Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Philos Cemetery Date Dec 11, 1935

19. UNDERTAKER Edsworth S. Boal (Address) Wintersport, Md.

20. FILED Dec 10, 1935 Edeca M. Kimmel Registrar

MEDICAL CERTIFICATION OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15th 1935 to Dec 8th 1935, I last saw him 1m alive

on Dec 8th 1935, death is said to have occurred on the date stated

above, at 6.30 pm

The principal cause of death and related causes of importance in order of onset were as follows:

Lobar Pneumonia Date of onset Nov 8, 1935

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Contributory causes of importance not related to principal cause: Chronic.

Osteo arthritis Date of onset Dec 1934

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) Jacob S. Allen M. D.

(Address) Piedmont W. Va.