

Serial No. 853

CERTIFICATE OF DEATH

62 0 | 28 6

1. NAME OF DECEASED (Type of print) a. (First) HARRY b. (Middle) E. c. (Last) MORAN 2. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1962

3. PLACE OF DEATH a. COUNTY RALEIGH 4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE W. VA. b. COUNTY RALEIGH

b. CITY or TOWN BECKLEY c. LENGTH OF STAY IN CITY OR TOWN _____ c. CITY or TOWN BECKLEY

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) BECKLEY HOSPITAL d. STREET ADDRESS 217 GRANVILLE AVENUE

e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES NO e. IS RESIDENCE INSIDE CITY LIMITS? YES NO f. IS RESIDENCE ON A FARM? YES NO

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH APRIL 2, 1889 9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRES. OF COAL COMPANY 10b. KIND OF BUSINESS OR INDUSTRY COAL MINING 11. BIRTHPLACE (State or foreign country) THAYER, W. VA. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME LORENZA DOW MORAN 14. MOTHER'S MAIDEN NAME ELLA SUSAN SANNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I 16. SOCIAL SECURITY No. _____ 17. INFORMANT Mrs. Fonda Moran Address BECKLEY

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
 PART I. DEATH WAS CAUSED BY:
 1621 IMMEDIATE CAUSE (a) Heart Congest Failure
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hyper Adrenalism
 DUE TO (c) Metastatic Ca To Adrenal
 INTERVAL BETWEEN ONSET AND DEATH 5
5-6 mths

PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in part I (a) Branchogenic Ca: Urter Vasorectalis 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year, Hour _____ M. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY or TOWN _____ COUNTY _____ STATE _____

21. I attended the deceased from Feb 62 to 28 Nov 62 and last saw the deceased alive on 28 Nov 62
 Death occurred at 9:02 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. F. Richmond MD (Degree or title) 22b. ADDRESS Beckley W Va 22c. DATE SIGNED 11-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 11/30/62 23c. NAME OF CEMETERY OR CREMATORY HIGHLAWN MEM. PARK 23d. LOCATION (City, town, or county) (State) OAK HILL, W. VA.

24. DATE REC'D. BY LOCAL REG. 11-29-62 25. REGISTRAR'S SIGNATURE Mary Ann Hodson 26. FUNERAL DIRECTOR Dezinger T. Bryant ADDRESS Beckley

MEDICAL CERTIFICATION