

MARY MARCISSA JORDAN

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.

1 PLACE OF DEATH (Dist. No. 0651) Series No. 6 Division of Vital Statistics
(To be inserted by local Registrar)

County Cabell West Virginia State Department of Health
District Union CERTIFICATE OF DEATH 1631
Town or City Ona, R. F. D. No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Mary Stevens
(a) Residence. No. _____ St. _____ Ward _____
Length of residence in city or town where death occurred yrs. mos. days. (Usual place of abode)
(If non-resident give city or town and state) yrs. mos. days. How long in U. S. A., if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>F.</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>		
5a If married, widowed or divorced HUSBAND of (or) WIFE of (Give full maiden name) <u>H. B. Stevens</u>				
6 DATE OF BIRTH (month, day and year) <u>Exact date unknown</u>				
7 AGE	Years	Months	Days	If LESS than 1 day..... hrs. or min.
	<u>93</u>			
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>Domestic</u> (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) <u>Not known</u>				
10 NAME OF FATHER " "				
11 BIRTHPLACE OF FATHER (city or town) (State or country) " "				
12 MAIDEN NAME OF MOTHER " "				
13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "				
14 SIGNATURE OF INFORMANT <u>A. M. Nowlin</u> (Address) <u>Ona, W. Va.</u>				

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (Month, day and year)	<u>Feb. 20 1930</u>
17 I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred on date stated above, at _____ M.	
The CAUSE OF DEATH was as follows: (Primary or beginning cause) <u>Old age, had had no Dr. for years</u> (Duration)..... yrs..... mos..... ds.	
Contributory <u>162</u> (Secondary or finishing cause) (Duration)..... yrs..... mos..... ds.	
18 Where was disease contracted, if not at place of death? Did an operation precede death?..... Date of..... Was there an autopsy?..... What test confirmed diagnosis? (Signed) M. D. (Address)	
19 PLACE OF BURIAL Cremation or Removal <u>Feb. 21, 1930</u>	
Date of Burial	20 Undertaker
<u>Feb. 21, 1930</u>	<u>A. C. Heek</u>
Address <u>Milton, W. Va.</u>	

15 Received 2/24, 1930 Rosalie B. Masterson
REGISTRAR