

Fuller, Alonzo 1894 - 1951

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS											
CERTIFICATE OF DEATH											
Dist No. <u>500</u>		Serial No. <u>145</u>								State File No. <u>8133</u>	
1. NAME OF DECEASED (Type or Print) <u>Alonzo</u>			a. (First)			b. (Middle)			c. (Last) <u>Fuller</u>		
2. DATE OF DEATH <u>6-6-51</u>			(Month) (Day) (Year)								
3. PLACE OF DEATH				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
a. COUNTY <u>Wayne</u>				a. STATE <u>W. Va.</u>				b. COUNTY <u>Wayne</u>			
b. CITY OR TOWN <u>Stonecoal</u>				c. CITY OR TOWN <u>Stonecoal</u>				c. LENGTH OF STAY (in this place)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location)							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 6, 1894</u>		9. AGE (In years) <u>57</u>		If under 1 year: Month <u>3</u> Days <u>0</u>	
10. USUAL OCCUPATION <u>Conductor</u>			10a. KIND OF BUSINESS OR INDUSTRY <u>WV RR</u>			11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Sollie Fuller</u>						14. MOTHER'S MAIDEN NAME <u>Thelma Stafford</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY No. <u>20</u>		17. INFORMANT <u>Arthur Fuller</u>					
18. CAUSE OF DEATH			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary degeneration</u>						<u>months</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES								
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
			DUE TO (b) <u>Unknown</u>								
			DUE TO (c) <u>WV RR</u>								
			II. OTHER SIGNIFICANT CONDITIONS								
			Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME (Month) (Day) Year (Hour) OF INJURY			21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?			21g. INQUEST Yes <input type="checkbox"/> No <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <u>5-23-51</u> , 19 <u>51</u> , to <u>6-6-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-22-51</u> , 19 <u>51</u> , and that death occurred at <u>3:07</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>J. J. Ferguson D.D.</u> (Degree or title)						23b. ADDRESS <u>Permit W Va</u>			23c. DATE SIGNED <u>6-7-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>6/8/51</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Family</u>			24d. EMBALMERS SIGNATURE <u>A. Allen</u> Lic. No. <u>681</u>		
DATE REC'D BY LOCAL REG. <u>June 14, 1951</u>			REGISTRAR'S SIGNATURE <u>Takeya S. Plymale</u>			25. FUNERAL DIRECTORS (Signature) <u>Allen</u>			Lic. No. <u>12</u>		

VS-002 (3-31-49)

FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE