Hurst (Hunt), David: Death Certificate, Wise County

Metadata

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title: Hurst (Hunt), David: Death Certificate, Wise County

date: 1920

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FORM NO. 12		RTIFICATE OF DEATH				
EVERY CIANS EXACT		BUREAU OF VITAL STATISTICS				
IAI EXA	OR 12	STATE BOARD OF HEALTH				
		TION DISTRICT NO. TO REGISTERED NO. (FOR USE OF LOCAL REGISTRAR)				
R + + × ×	OR CITY OF(No	(TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR) ST.: WARD)				
0 1 8	(If death occurred in a hospital or other institution,	give its NAME instead of street and number)				
T RECORD. TLY. PHYS CLASSIFIEO.	2 FULL NAME Dave Flust					
ANENT RECORD, EVERY EXACTLY, PHYSICIANS PERLY CLASSIFIED, EXACT						
RLY RLY	(Usual place of abode)	(If nonresident give city or town and State)				
PRO PRO	PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH				
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED, OR DIVORCED (write the word)	16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH)				
	700-00 1001-00 1 -00 0	Trousebor 14 1970				
	Tale Worder Jungle	17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM				
WARGIN RESERVED FOR BINDING INK (WRITING FLUID),—THIS IS ARFULLY, SUPPLIED, AGE SHOULD BE DEATH IN PLAIN TERMS, SO THAT IT MAN VERY IMPORTANT.	HUSBAND OF (OR) WIFE OF	NO DO CATA SELECT 19				
	6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH)	THAT I LAST SAW H ALIVE ON				
N L SH	7 AGE YEARS MONTHS DAYS IPLESS THAN	AND THAT DEATH OCCURRED, ON DATE STATED ABOVE, AT				
FOR BI	DATS IPLESS THAN	THE CAUSE OF DEATH* WAS AS FOLLOWS;				
LU LU	Ubout 20 OR_MIN.	Therefold by Mell, I Guer				
ESERVÉD FO WRITING FLI SUPPLIED. AG PLAIN TERMS. RTANT.	(A) TRADE, PROFESSION, OR OF THE PROFESSION OF T	Shatt Wourd				
A B N B B I	PARTICULAR KIND OF WORK	Course 0 2006 8 10				
E E N	(B) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN	caused woo squakee				
AARGIN RESERVED IING INK (WRITING REFULLY SUPPLIED, DEATH IN PLAIN TER VERY IMPORTANT.	WHICH EMPLOYED (OR EMPLOYER)	(DURATION) YRS, MOS. DS.				
E C Z Q	9 BIRTHPLACE					
Z Z Z Z Z	(CITY OR TOWN)	(SECONDARY)				
IG IG	(CITY OR TOWN)	Ds,				
	(STATE OR COUNTRY) alaboural	18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?				
A O F &	10 NAME OF FATHER					
N N N N N N N N N N N N N N N N N N N	11 BIRTHPLACE OF FATHER	DID AN OPERATION PRECEDE DEATH 7 DATE OF				
WITH UN SHOULD B CAUSE	(CITY OR TOWN)	WAS THERE AN AUTOPSY 1				
WITH SHOUL CAUS	(GITY OR TOWN) C (STATE OR COUNTRY) 12 MAIDEN NAME OF MOTHER	WHAT TEST CONFIRMED DIAGNOSIS 7				
	12 MAIDEN NAME OF MOTHER	7, IN 7000 7				
à ệ f o ∣	13 BIRTHPLACE OF MOTHER	(SIGNED) M. D.				
RMA	(CITY OR TOWN)	19 (ADDRESS)				
WRITE PLAINLY, ITEM OF INFORMATION SHOULD STATE THE STATEMENT OF OCC	(STATE OR COUNTRY)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE, OF INJURY, and (2) whether ACCI-DENTAL, SUICIDAL, or HOMICIDAL.				
WRITE I	total garees 1	19 PLACE OF BURIAL, CREMATION, OR RE-				
B.—WRITE ITEM OF SHOULE STATEM	14 INFORMANT	Deuty farm Vine (00) 141920				
1 - 0	(ADDRESS) BLOO AND A 94-	# 11 W =				
ż	1 2.7 14	20 UNDERTAKER Josed He lung				
-	15 FILEO NOTA 19 1 19 THE REGISTRAR	ADDRESS A- I TO VAL				
	REGISTRAR	ADDRESS				

County:Wise Magisterial District:Richmond Town:Blackwood City: Registration Distrct No.:970B Registered No.:131 File No.:27665 No. (or Hospital Name): Street: Ward: Full Name:Dave Hurst Residence: Years: Months: Days: Sex:Male Color or Race:Colored Relationship: SingleName of Husband or Wife: Date of Birth:Recorded Month:Do Not Know Day: Year: Age:Recorded Years:about 25 Months: Days: Profession:Coal mining

Nature of Business:

Name of Employer:Blackwood Coal & Coke Co.

Birthplace:Recorded

City, Town, or County:

State or Country:Alabama

Father's Name:Do not know

Birthplace (city or town):DO

Birthplace (state or country):DO

Mother's Name (maiden name):DO

Birthplace (city or town):Do

Birthplace (state or country):

Informant Name:Local paper?

Address:Blackwood Va

Date Filed:Nov 4 1920

Registrar:[illegible]

Date of Death:November 14, 1920

Time of Death:about 2:45 am

Last Seen Alive:

Cause of Death: Hanged by neck & gunshot wounds caused mob Lynched

Contributory (Secondary):

Autopsy?:Not Recorded

External causes?:Not Recorded

Other Notes:

Signed (Physican):Fred H [King?]

Date:Nov 30, 1920

Address:Norton Va

Place of Burial, Cremation, or Removal: County Farm Wise VA

Date of Burial:Nov 14 1920

Undertaker: [Hosea?] H
 King

Address:Norton VA

Additional text not entered above: No Doctor Called

Contributions Message

 $\operatorname{Bill},$ LVA, Mallory Todd, Jed Temple, Gianluca De Fazio and The Library of Virginia