

1984025_0001920

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

WEST VIRGINIA STATE DEPARTMENT OF HEALTH					
DIVISION OF VITAL STATISTICS					
CERTIFICATE OF DEATH					
Dist. No. <u>270</u>		Serial No. <u>70</u>		State File No. <u>4910</u>	
1. NAME OF DECEASED (Type or Print) PAUL CHARLES KISTNER			2. DATE OF DEATH (Month) <u>February</u> (Day) <u>4th</u> (Year) <u>1949</u>		
3. PLACE OF DEATH a. County <u>Mason</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. State <u>Pa.</u> b. County <u>Allegheny</u>		
b. City (If outside corporate limits, write RRAL and give Dist.) <u>Henderson, Rural</u>		c. Length of Stay (in this place) <u>Temporary</u>	c. City (If outside corporate limits, write RRAL and give District) <u>Pittsburgh</u>		d. Full Name of (If not in hospital or institution, give street address or location.) <u>Webster Ave.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, SINGLE, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 31, 1921</u>	9. AGE (In years) IF UNDER 1 YEAR Months <u>27</u> Days <u>7</u> Hours <u>4</u> Mins.	10. USUAL OCCUPATION <u>Seaman, U. S. C. G.</u>
10a. USUAL OCCUPATION <u>Seaman, U. S. C. G.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>River Patrol</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Not Known -----Deceased.</u>			14. MOTHER'S MAIDEN NAME <u>Not known, Now, Lilly Kistner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>404-18-7235</u>	17. INFORMANT <u>Records at Coast Guard Base.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-4-49</u>	
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) <u>Fell into Kanawha River out of boat - Amice boat</u>			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8508-172</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River</u>	21c. CITY OR DISTRICT (COUNTY) (STATE) <u>Mason Co W. Va</u>		21d. INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not while at Work <input type="checkbox"/>
21e. TIME (Month) (Day) (Year) (Hour) <u>Feb 4 49 3:20</u>		21f. HOW DID INJURY OCCUR? <u>Fell out of boat</u>		21g. INQUEST Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> and that death occurred at <u>3:20</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. E. Eberhart DO Coroner</u>			23b. ADDRESS <u>B Pleasant W Va</u>		23c. DATE SIGNED <u>4-15-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr. 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>via. Railway</u>		24d. CORONER'S SIGNATURE LIC. NO. <u>St. N. Foglesong 92</u>
DATE REC'D BY LOCAL REG. <u>4-16-49</u>	REGISTRAR'S SIGNATURE <u>Walter D. Park</u>		25. FUNERAL DIRECTOR'S SIGNATURE LIC. NO. <u>St. N. Foglesong 397</u>		

VS-002 (1-1-49) FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE