

ON THIS DAY IN WEST VIRGINIA HISTORY SEPTEMBER 26



West Virginia State Archives

On September 26, 1928, truck driver Ray Tenney of Buckhannon was killed when his gasoline truck broke through the floor of a covered bridge in Upshur County.

CSO: SS.8.24

Investigate the Document: *Certificate of Death: Ray A. Tenney.* Filed 26 Sept 1928. West Virginia State Dept. of Health, Div. of Vital Statistics, Reg. Dist. No. 4921 File No. 78. Buckhannon, W.Va.

1. According to Ray Tenney's death certificate, he was a "chauffeur" for what company?
2. Near which community did Ray Tenney's accident occur?

Think Critically: What types of transportation have facilitated the growth of West Virginia? Use the date listed on the death certificate as a reference point. How have roads changed? Cars? Are there still covered bridges in West Virginia? Use these as guides to help you reach your conclusion.

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D. V. Form 2

MARGIN RESERVED FOR BINDING

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. <u>4921</u>)			Series No. <u>78</u>			Division of Vital Statistics			
County <u>W. Va.</u>			(To be inserted by local Registrar)			West Virginia State Department of Health			
District <u>Buckhannon</u>			CERTIFICATE OF DEATH			12309			
Town or City <u>Buckhannon</u>			No. _____			St. _____ Ward _____			
2 FULL NAME <u>Ray A. Tenney</u>			(a) Residence No. _____			St. _____ Ward _____			
Length of residence in city or town where death occurred			yrs. _____ mos. _____ days _____			(If non-resident give city or town and state) yrs. _____ mos. _____ days _____			
PERSONAL AND STATISTICAL PARTICULARS					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)				
<u>Male</u>	<u>White</u>	<u>Married</u>			<u>Sept. 26, 1928</u>				
5a If married, widowed or divorced HUSBAND of (or) WIFE of (Give full maiden name)					17 I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on date stated above, at _____ M.				
6 DATE OF BIRTH (month, day and year)					The CAUSE OF DEATH was as follows: (Primary or beginning cause)				
<u>July 25, 1903</u>					<u>Accident</u>				
7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. ormin.	Contributory (Secondary or finishing cause)				
<u>25</u>	<u>2</u>	<u>1</u>			<u>202</u>				
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer					18 Where was disease contracted, if not at place of death? _____				
<u>Chauffeur</u>					<u>Bridge gave way</u>				
<u>Standard Oil Co.</u>					Did an operation precede death? _____ Date of _____				
9 BIRTHPLACE (city or town) (State or country)					Was there an autopsy? _____				
<u>W. Va.</u>					What test confirmed diagnosis? _____ (Signed) _____ M. D. (Address) _____				
10 NAME OF FATHER <u>A. B. Tenney</u>					19 PLACE OF BURIAL (Cremation or Removal)				
11 BIRTHPLACE OF FATHER (city or town) (State or country)					<u>Our Cemetery</u>				
<u>W. Va.</u>					Date of Burial				
12 MAIDEN NAME MOTHER <u>Emma Gould</u>					<u>Sept. 28, 1928</u>				
13 BIRTHPLACE OF MOTHER (city or town) (State or country)					20 Undertaker				
<u>W. Va.</u>					<u>B. H. White</u>				
14 SIGNATURE OF INFORMANT (Address)					Address				
<u>Wm. John McSpencer</u>					<u>Buckhannon, W. Va.</u>				
15 Received <u>Sept 27, 1928</u>					REGISTRAR				