

David Gaston

Born in 1878, not 1879

		Bailey, Henry	Servant	B	F	Mar	176	24	M	7	0	0	Y
230	235	Gaston, Joseph	Head	W	M	City	1834	45	M	3			Y
		Married	Wife	W	F	Mar	1836	44	M	25	4	3	A
		Gaston, John	Son	W	M	City	1878	22	M				Y
		Gaston, Joseph	Son	W	M	City	1879	8	M				Y
231	236	Gaston, David	Son	W	M	City	1878	31	M				Y

1910 Census has date of birth as July 1878

REGISTRATION CARD				
SERIAL NUMBER	222		ORDER NUMBER	1803
1. William David Gaston (First name) (Middle name) (Last name)				
2. PERMANENT HOME ADDRESS: 110-S. 3rd. Hopewell Va (No.) (Street or R. F. D. No.) (City or town) (County) (State)				
Age in Years 3 40		Date of Birth 4 Jan. 18th 1878 (Month) (Day) (Year)		
RACE				
White	Negro	Oriental	Indian	
5 X	6	7	Citizen	Non-citizen
U. S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
10 X	11	12	13	14
15. If not a citizen of the U. S., of what nation are you a citizen or subject?				
PRESENT OCCUPATION		EMPLOYER'S NAME		
16 Munition Wkr. E.		17 I. Du Pont De Nemours & Co.,		
18. PLACE OF EMPLOYMENT OR BUSINESS: Hopewell, Va. (No.) (Street or R. F. D. No.) (City or town) (County) (State)				
NEAREST RELATIVE	Name	19 Mrs. Emma Gaston - wife		
	Address	20 110-S. 3rd. Hopewell Va (No.) (Street or R. F. D. No.) (City or town) (County) (State)		
I AFFIRM THAT I HAVE GIVEN ANSWEERS AND THAT THEY ARE TRUE P. M. G. O. William D. Gaston Form No. 1 (Rev. 11-17-17) (Registrant's signature)				

World War I registration has January 18, 1878

CERTIFICATE OF DEATH

5453

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

REG. NO. 23301
REG. DIST. 331

1. FULL NAME <u>William David Boston</u>		2. DATE OF DEATH <u>March 22 1948</u>	
3. PLACE OF DEATH:		4. USUAL RESIDENCE:	
A) COUNTY <u>Hamilton</u>	CIVIL DISTRICT <u>1</u>	A) STATE <u>Tenn.</u>	CIVIL DISTRICT <u>1</u>
B) CITY OR TOWN <u>Chattanooga</u>		C) CITY OR TOWN <u>Chattanooga</u>	
C) NAME OF HOSPITAL <u>610 Battery Place</u>		D) STREET NO. <u>610 Battery Place</u>	
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____		E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)	
5. RACE OR COLOR <u>W</u>	6. SEX <u>M</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED	
8. AGE <u>69</u> YEARS MONTHS _____ DAYS _____	IF LESS THAN ONE DAY HRS. _____ MINS. _____		
9. DATE OF BIRTH: MONTH <u>Jan.</u> DAY <u>18</u> YEAR _____			
10. PLACE OF BIRTH: CITY OR COUNTRY <u>Georgia</u>	STATE OR COUNTRY <u>Georgia</u>		
11. HUSBAND OR WIFE OF <u>Mrs. Emma Boston</u>	AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS		
12. IF VETERAN NAME OF WAR _____	SOCIAL SECURITY NUMBER _____		
13. USUAL OCCUPATION <u>Retired</u>			
14. INDUSTRY OR BUSINESS <u>Park & Playgrounds</u>			
15. FATHER: FULL NAME <u>Joseph Boston</u>	CITY OR COUNTRY <u>Ga.</u>	STATE OR COUNTRY <u>Ga.</u>	
16. MOTHER: MAIDEN NAME <u>Melissa Floyd</u>	CITY OR COUNTRY <u>Ga.</u>	STATE OR COUNTRY <u>Ga.</u>	
17. INFORMANT <u>Mrs. Emma Boston</u>	ADDRESS <u>610 Battery Place</u>		
18. BURIAL, REMOVAL OR CREMATION <u>Burial</u>	DATE <u>Mar. 24 1948</u>	CITY <u>Chattanooga</u> COUNTY <u>Hamilton</u> STATE <u>Tenn.</u>	
CEMETERY <u>Forest Hill</u>	PLACE <u>Chattanooga</u>		
19. UNDERTAKER <u>National Funeral Home</u>	ADDRESS <u>800 McLallister</u> BY <u>James H. Hays</u>		
DATE FILED <u>4-5-48</u>	REGISTRAR	SIGNATURE <u>P. E. Hart D.O.</u>	
		ADDRESS <u>Chattanooga</u> DATE SIGNED <u>3/31/48</u>	

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ TO _____ 19____

AND THAT I LAST SAW HIM ALIVE ON 2/16/1948

AND THAT DEATH OCCURRED ON THE DATE STATED AT 4 P.M.

IMMEDIATE CAUSE OF DEATH: Coronary Thrombosis DURATION 974

DUE TO: probably coronary artery calcification

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 9 MONTHS OF DEATH) _____

OPERATION? NO FINDINGS _____

AUTOPSY? NO FINDINGS _____

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____

B) DATE OF OCCURRENCE _____

C) WHERE DID INJURY OCCUR _____ CITY _____ COUNTY _____ STATE _____

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____

WHILE AT WORK _____ MEANS OF INJURY _____