

Certification of Death

STATE OF WEST VIRGINIA,

COUNTY OF FAYETTE, ss:

I, KELVIN E. HOLLIDAY, Clerk of the County Commission of Fayette County, West Virginia, do hereby certify that the following is a true copy from the records of my office:

Name in full Hank Williams white, ~~black~~, male, ~~female~~

Date of Death January 1, 1953 Place of Death Oak Hill

Name of disease or cause of death Acute rt. ventricular dilation

Age 29 years, _____ months, _____ days, Occupation Radio Singer

~~Married, Single, Widowed, Divorced~~

Name of person giving information Dr. Diego Nunnari

In Testimony whereof, I have hereunto set my hand and seal of said Commission at Fayetteville,

West Virginia, this 27th day of June, 19 97.

KELVIN E. HOLLIDAY, Clerk

By Randa Johnson

Deputy

