

## 1. PLACE OF DEATH

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_

County Middleburg

Registered No. \_\_\_\_\_

Vot. Pct. \_\_\_\_\_

Registration District No. 1085

Inc. Town \_\_\_\_\_

Primary Registration District No. 6511City South Carrollton (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Not Known IF VETERAN, WHAT WAR? \_\_\_\_\_(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH not known7. AGE Years 40 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE W. Va.

FATHER 13. NAME \_\_\_\_\_

14. BIRTHPLACE \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE \_\_\_\_\_

17. INFORMANT Dr. J. H. ...

(Address) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

Place Country Club Date 6-18 19. 3419. UNDERTAKER Dr. J. H. ...

(Address) \_\_\_\_\_

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

Registrar \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Unknown, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance in order of onset were as follows:Cause of death \_\_\_\_\_ Date of onset \_\_\_\_\_Unknown \_\_\_\_\_Decomposition \_\_\_\_\_  
Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.death in Creek \_\_\_\_\_  
Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Lewis Brown \_\_\_\_\_ M. D.(Address) Central City 15 \_\_\_\_\_

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. PHYSICIAN 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.

MARGIN RESERVED FOR BINDING