

**CERTIFICATE OF DEATH**

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

Registration District No. 2800

State File No. 28094  
Registered No. 1059

60M-1-53

MARGIN RESERVED FOR BINDING

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.

1. PLACE OF DEATH a. COUNTY <u>Roanoke</u>		MAGISTERIAL DISTRICT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Virginia</u> b. COUNTY <u>Roanoke</u>	
b. CITY OR TOWN <u>Roanoke</u>		<input checked="" type="checkbox"/> Inside } Corporate Limits <input type="checkbox"/> Outside }		c. CITY OR TOWN <u>Roanoke</u>	
c. HOSPITAL OR INSTITUTION <u>1 Jefferson Hspt</u>		d. LENGTH OF STAY <u>2 days</u>		d. STREET ADDRESS (If rural, give mailing address) <u>1201-3rd St S.W</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dr. Walter Maynard</u> b. (Middle) <u>Otey</u> c. (Last) <u>Otey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18, 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 8, 1891</u>	9. AGE (In years last birthday) <u>62 yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor-Medical</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>American Viscose Corp.</u>		11. BIRTHPLACE (State or foreign country) <u>Bedford County, Va.</u>	
13. FATHER'S NAME <u>Frank C. Otey</u>			14. MOTHER'S MAIDEN NAME <u>Ossie Slicer</u>		
15. NAME OF <del>HUSBAND</del> OR WIFE OF DECEASED <u>Mrs Mary Hairston Otey</u>			17. INFORMANT'S SIGNATURE <u>W. M. Otey, Jr.,</u> ADDRESS <u>3652 Cornwallis Ave SE Roanoke, Va</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, as-thenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Peripheral Vascular Collapse - 8 hrs.</u> DUE TO (c) <u>Coronary Thrombosis and Heart failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</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 (c. g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR COUNTY) (STATE) <u>94</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at <input type="checkbox"/> Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1</u>	
22. I hereby certify that I attended the deceased from <u>Jan. 1, 1948</u> to <u>Dec 18, 1953</u> , that I last saw the deceased alive on <u>Dec 18, 1953</u> , and that death occurred at <u>12:40</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert C. Crawford, M.D.</u>		23b. ADDRESS <u>Roanoke, Va.</u>		23c. DATE SIGNED <u>12/19/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 19, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
24d. LOCATION (City, town, or county) (State) <u>Roanoke, Virginia.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John M. Oakey, Inc.</u> ADDRESS <u>Roanoke, Va.</u>			
DATE REC'D BY LOCAL REG. <u>12-21-1953</u>		REGISTRAR'S SIGNATURE <u>Alma Charles, Sup</u>			