

## 1 PLACE OF DEATH

COUNTY OF

MAGISTERIAL  
DISTRICT OF

OR

INC. TOWN OF

OR

CITY OF

CERTIFICATE OF DEATH  
COMMONWEALTH OF VIRGINIA

BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

19694

REGISTRATION DISTRICT NO. 337 B

(TO BE INSERTED BY REGISTRAR)

REGISTERED NO. 16

(FOR USE OF LOCAL REGISTRAR)

(No. \_\_\_\_\_)

ST.: \_\_\_\_\_

WARD) \_\_\_\_\_

(If death occurred in a hospital or other institution, give its NAME instead of street and number)

## 2 FULL NAME

(A) RESIDENCE, No. \_\_\_\_\_

(Usual place of abode)

ST., \_\_\_\_\_ WARD, \_\_\_\_\_

(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

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5A IF MARRIED, WIDOWED, OR DIVORCED,  
HUSBAND OF  
(OR) WIFE OF

6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH)

19

7 AGE

YEARS

MONTHS

DAYS

IF LESS THAN  
1 DAY, \_\_\_\_\_ HRS.  
OR \_\_\_\_\_ MIN.

## 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

## 9 BIRTHPLACE

(CITY OR TOWN)

(STATE OR COUNTRY)

## 10 NAME OF FATHER

## 11 BIRTHPLACE OF FATHER

(CITY OR TOWN)

(STATE OR COUNTRY)

## 12 MAIDEN NAME OF MOTHER

## 13 BIRTHPLACE OF MOTHER

(CITY OR TOWN)

(STATE OR COUNTRY)

PARENTS

## 14 INFORMANT

(ADDRESS)

## 15 FILED

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH)

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

THAT I LAST SAW H. \_\_\_\_\_ ALIVE ON \_\_\_\_\_, 1921

AND THAT DEATH OCCURRED, ON DATE STATED ABOVE, AT \_\_\_\_\_ P.M.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Uterus

(DURATION) \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

## CONTRIBUTORY

(SECONDARY)

(DURATION) \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

## 18 WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(SIGNED) J. P. Pennington, M. D.9/7, 1921 (ADDRESS) Callaway 79\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,  
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCI-  
DENTAL, SUICIDAL, or HOMICIDAL.19 PLACE OF BURIAL, CREMATION, OR RE-  
MOVAL

DATE OF BURIAL

## 20 UNDERTAKER

ADDRESS