

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

6010556

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

21582

1 PLACE OF DEATH
COUNTY OF Wythe
MAGISTERIAL DISTRICT OF Blacklick
INC. TOWN OF
CITY OF

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

REGISTRATION DISTRICT No. 981a REGISTERED No. 16
(To be inserted by Registrar) (For use of local Registrar)
(No. St. WARD)

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

2 FULL NAME Francis W. Willard

(A) RESIDENCE No. St. WARD (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF O. C. Willard

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1880

7. AGE Years 55 Months 8 Days 28 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, SAW MILL, BANK, ETC. Housewife

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Wythe Co.

13. NAME Thomas Beard 14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Francis W. Staley 16. BIRTHPLACE (city or town) (State or country) Wythe Co.

17. INFORMANT (ADDRESS) O. C. Willard Rural Retreat, Va.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rural Retreat DATE Aug 19, 1936

19. UNDERTAKER (ADDRESS) Douglas R. Kellinger Rural Retreat, Va.

20. FILED Aug 30, 1936 Mrs. R. L. Kellinger

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/16, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ... 1935 To ... 1, ... I LAST SAW HIM ALIVE ON ... DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:15 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS:

Arterio sclerosis cerebral hemorrhage

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 WHERE DID INJURY OCCUR (Specify city or town, county, and State)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

MANNER OF INJURY NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

IF SO, SPECIFY (SIGNED) Douglas R. Kellinger M.D. (ADDRESS) Rural Retreat, Va.

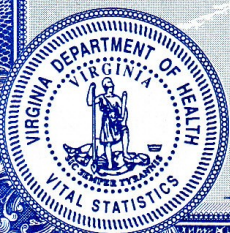
This is to certify that this is a true and correct reproduction of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED June 2, 2014

Janet M. Rainey Janet M. Rainey, State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

VS 15B



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED