

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

State File No. 7958
 Registered No. 22

Registration District No. 2980

1. PLACE OF DEATH a. COUNTY Wythe		MAGISTERIAL DISTRICT Wytheville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Virginia		b. COUNTY Wythe
b. CITY OR TOWN Wytheville		<input checked="" type="checkbox"/> Inside } Corporate Limits <input type="checkbox"/> Outside }	c. CITY OR TOWN Wytheville		<input type="checkbox"/> Inside } Corporate Limits <input checked="" type="checkbox"/> Outside }
c. HOSPITAL OR INSTITUTION Wytheville Hospital		d. LENGTH OF STAY		d. STREET ADDRESS (If rural, give mailing address) R. F. D. Cove Road 0980	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Laura	b. (Middle) Jane	c. (Last) Hagy	(Month) Mar	(Day) 13th	(Year) 1952
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb, 25, 1860	9. AGE (In years last birthday) 92	IF UNDER 1 YR. Months IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tenn.	
13. FATHER'S NAME Aaron Williams			14. MOTHER'S MAIDEN NAME Ann Aldridge		
15. NAME OF HUSBAND OR WIFE OF DECEASED			17. INFORMANT'S SIGNATURE W. Perry Hagy ADDRESS R.F.D. Wytheville, Va.		

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	ANTECEDENT CAUSES (a) Chronic nephritis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia		7 days	

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)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1

22. I hereby certify that I attended the deceased from March 4, 1952, to March 11, 1952, that I last saw the deceased alive on March 11, 1952, and that death occurred at 12-noon, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. D. Malin, M.D.	23b. ADDRESS Wytheville, Va.	23c. DATE SIGNED March 17, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-14-1952	24c. NAME OF CEMETERY OR CREMATORY West End Cemetery	24d. LOCATION (City, town, or county) (State) Wytheville, Va.
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DATE REC'D BY LOCAL REG. Mar. 18/52	REGISTRAR'S SIGNATURE Angela G. Bourne	25. FUNERAL DIRECTOR'S SIGNATURE Porterfield Funeral Home ADDRESS Wytheville, Virginia
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60M-12-51
 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.