

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

6010554

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

4503

1 PLACE OF DEATH
COUNTY OF Washington
MAGISTERIAL DISTRICT OF Abingdon
INC. TOWN OF Abingdon Va
CITY OF Abingdon Va

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
REGISTRATION DISTRICT No. 1450 A REGISTERED No. 25
(To be inserted by REGISTRAR) (FOR USE OF LOCAL REGISTRAR)

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 Margaret Gray Hays
(A) RESIDENCE No. Main St., Ward

PERSONAL AND STATISTICAL PARTICULARS
3. SEX female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (month, day, and year) Feb 3, 1932
7. AGE Years 91 Months 12 Days
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Home maker

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) Feb 15, 1932
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb 11, 1932 To Feb 15, 1932
I LAST SAW H.S. ALIVE ON Feb 14, 1932, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8 A.M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS: Paralysis -
CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE: Arterio sclerosis -

12. BIRTHPLACE (city or town) Sullivan Co Tenn
13. NAME Isaac Gray
14. BIRTHPLACE (city or town) Tenn
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) Tenn
17. INFORMANT W J Hays
18. BURIAL CREMATION, OR REMOVAL PLACE Abingdon Va DATE Feb 16, 1932
19. UNDERTAKER J W Rose Bur Co
20. FILED March 4, 1932 E Kelley Registrar

NAME OF OPERATION None DATE OF
WHAT TEST CONFIRMED DIAGNOSIS? None WAS THERE AN AUTOPSY? No
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: DATE OF ACCIDENT, SUICIDE, OR HOMICIDE? INJURY? 1
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? No
IF SO, SPECIFY (SIGNED) J. Hunt Welch M. D. (ADDRESS) Abingdon, Va

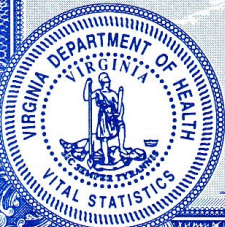
This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

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