

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

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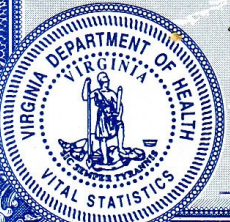
COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS

Department of Commerce Bureau of the Census		CERTIFICATE OF DEATH COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS		Pulaski Hospital 128821 State File No.
				Registered No. <u>118</u>
1. PLACE OF DEATH (a) County <u>Pulaski</u> Registration district No. <u>0773</u> (For reg. use) (b) Magisterial district <u>Pulaski</u> (c) City or town <u>Pulaski, Va</u> (d) Name of hospital or institution <u>Pulaski</u> (e) Length of stay in hosp. or inst. _____ In this community _____ (Specify whether years, months, or days) (f) Is place of death within corporate limits? <u>yes</u>		2. USUAL RESIDENCE OF DECEASED a) State <u>Virginia</u> b) County <u>Wythe</u> c) City or town _____ Street No. _____ d) Is place of residence within corporate limits? <u>no</u> e) Citizen of foreign country? _____ (Yes or No) If Yes, name country _____		
3. (a) FULL NAME <u>Oakley Clarence Willard</u> 3. (b) If veteran, name war _____ 3. (c) Social security number _____ (Answer only if card is available)		MEDICAL CERTIFICATION		
4. Sex <u>Male</u> 5. Color or race <u>White</u> 6. (a) Single, married, widowed, divorced, <u>Widowed</u>		20. Date of death <u>December 30</u> , 19 <u>43</u> at <u>10p</u> M. (Month by name) (Day) (Year) (Hour)		
6. (b) Name of husband or wife <u>Francis Victoria Willard</u> 7. Date of birth of deceased <u>Mar 21 1876</u> (Month by name) (Day) (Year)		21. I hereby certify that I attended the deceased from <u>Dec. 26</u> 19 <u>43</u> to <u>Dec. 30</u> 19 <u>43</u> ; that I last saw him alive on <u>Dec. 30</u> 19 <u>43</u> and that death occurred on the date and hour stated above. Immediate cause of death <u>Cerebral disease</u> Duration _____ Due to _____ Due to _____ Other conditions (Include pregnancy within 3 months of death) _____ Name of operation _____ Physician _____ Date of operation _____ Major findings: (a) of operations _____ (b) of autopsy _____ Underline the primary cause to which death should be charged statistically.		
8. Age: Years Months Days If less than one day <u>67</u> <u>9</u> <u>9</u> hours min.				
9. Birthplace <u>Wythe County, Va</u> (City, town, or county) (State or foreign country)				
10. Usual occupation <u>Carpenter</u>				
11. Industry or business _____				
12. Name <u>Henry Willard</u> 13. Birthplace <u>Wythe, Va</u> (City, town, or county) (State or foreign country)				
14. Maiden name _____ 15. Birthplace _____ (City, town or county) (State or foreign country)				
16. (a) Informant's own signature <u>Lee Willard</u> (b) Address <u>Rural Retreat, Va</u>				
17. (a) Burial, cremation, or removal? <u>Burial</u> (b) Place <u>Wythe</u> Date <u>Jan 2, 1944</u> (Month by name) (Day) (Year)				
18. (a) Signature of funeral director <u>Lee Barrett</u> (b) Address <u>Wytheville, Va</u>				
19. (a) Filed <u>Dec 21 1945</u> (Date received by reg.) (b) <u>W. Tucker Smith</u> (Local, deputy, or sub-registrar's own signature)		22. If death was due to external causes fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ While at work? (e) Means of injury (Specify type of place) _____ 23. Signature <u>Janet M. Rainey</u> M. D., Cor., or other _____ Address <u>Pulaski, Va</u> Date signed <u>1-20-4</u>		

VOID IF ALTERED OR ERASED

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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 **May 7, 2014**

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.

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VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED