

CERTIFICATE OF DEATH

File No.—For State Registrar Only

17434

1. PLACE OF DEATH.

COMMONWEALTH OF VIRGINIA

Bureau of Vital Statistics

State Board of Health

County of HenryDistrict of Horsepastureor
Inc. Town of _____or
City of _____Registration District No. 445ARegistered No. 9
(For use of Local Registrar)[If death occurred in
a Hospital or Institu-
tion give its NAME in-
stead of street and
number.]2. FULL NAME America Hairston WatkinsResidence
In City _____ Yrs. _____ Mos. _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE Widowed
MARRIED,
WIDOWED,
OR DIVORCED.
(Write the word)6 DATE OF BIRTH April 23, 1847
(Month) (Day) (Year)7 AGE 70 yrs. 2 mos. 10 ds. If LESS
than 1 day,
____ hrs. or
____ min.?8 OCCUPATION
(a) Trade, profession, or
particular kind of work Housewife
(b) General nature of Industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or Country) Virginia Henry CoPARENTS
10 NAME OF FATHER Thomas Harden Watkins
11 BIRTHPLACE OF FATHER Virginia Henry Co
(State or Country)
12 MAIDEN NAME OF MOTHER Titia Hairston
13 BIRTHPLACE OF MOTHER Virginia Henry Co
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Garn Watkins(Address) Spencer Va

15

Filed July 3rd, 1917. J Lee Taylor
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 2, 1917
(Month) (Day) (Year)17 I HEREBY CERTIFY That I attended deceased from
Apr., 1917, to July 2, 1917
that I last saw her alive on July 2, 1917
and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver
(Duration) _____ yrs. _____ mos. _____ ds.Contributory
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) C. N. Thomas M. D.Jul. 2, 1917 (Address) Spencer Va*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES,
state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients,
or recent Residents)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted,
If not at place of death?Former or
usual Residence _____

19 PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL

Family Cemetery Henry Co. July 3rd, 1917

20 UNDERTAKER ADDRESS

Martinsville

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.