

CERTIFICATE OF DEATH

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

29742

Registration District No. 191-B

Registered No. 18

1. PLACE OF DEATH a. COUNTY Charlotte		b. MAGISTERIAL DISTRICT Walton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Virginia		b. COUNTY Mecklenburg											
c. CITY OR TOWN Keysville		d. IS PLACE OF DEATH INSIDE CITY LIMITS? } YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN Chase City, Virginia		d. IS RESIDENCE INSIDE CITY LIMITS? } YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
e. HOSPITAL OR INSTITUTION None		f. LENGTH OF STAY None		e. STREET ADDRESS (If rural, give mailing address) Chase City, Virginia RFD.		f. IS RESIDENCE ON A FARM? } YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>											
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Watkins			c. (Last) Stanford			4. DATE OF DEATH (Month) (Day) (Year) Dec. 8 1956								
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 10, 1875		9. AGE (In years last birthday) 81		IF UNDER 1 YR. IF UNDER 24 HRS. Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (State or foreign country) Henry County, Virginia			12. CITIZEN OF WHAT COUNTRY? USA								
13. FATHER'S NAME George Harriston						14. MOTHER'S MAIDEN NAME America Watkins											
15. NAME OF HUSBAND OR WIFE OF DECEASED Frederick C. Stanford						17. INFORMANT'S SIGNATURE Mr. David Freeman ADDRESS Keysville, Virginia											
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Lymphoid Leukemia DUE TO (c) 2040									INTERVAL BETWEEN ONSET AND DEATH 1 day 4 years								
									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>								
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)														
20c. TIME OF INJURY Hour 9:10 Month, Day, Year Sept. 1945 a. m. pm p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION Chase City, Va.			20g. COUNTY Walton			20h. STATE Virginia		
21. I attended the deceased from Sept. 1945 , to Dec. 8, 1956 and last saw her alive on Dec. 8, 1956 Death occurred at 9:10 pm on the date stated above; and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE H. H. Bradford, M.D. (Degree or title)						22b. ADDRESS Chase City, Va.			22c. DATE SIGNED 12-12-56								
23a. BURIAL, CREMATION, REMOVAL (Specify) burial			23b. DATE Dec. 10, 1956			23c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery			23d. LOCATION (City, town, or county) (State) Chase City, Virginia								
DATE REC'D BY LOCAL REG. 12/15/56			REGISTRAR'S SIGNATURE Miss Carl S. ...			24. FUNERAL DIRECTOR'S SIGNATURE Moore & Newcomb Funeral Home G. E. Moore ADDRESS 5th. & Main Streets Chase City, Va.											

MEDICAL CERTIFICATION