

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

Registration District No. 520c

State File No. 29039  
 Registered No. 12

1. PLACE OF DEATH a. COUNTY <u>Lee</u>		MAGISTERIAL DISTRICT <u>Rose Hill</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Virginia</u>	
b. CITY OR TOWN <u>Ewing R1</u>		<input type="checkbox"/> Inside } Corporate Limits <input checked="" type="checkbox"/> Outside }		c. CITY OR TOWN <u>Ewing</u>	
c. HOSPITAL OR INSTITUTION <u>At home</u>		d. LENGTH OF STAY		d. STREET ADDRESS (If rural, give mailing address) <u>R1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Abbie</u> b. (Middle) <u>Rowland</u> c. (Last) <u>Chadwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-55</u>		
5. SEX <u>F. 2</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-1-1867</u>	9. AGE (In years last birthday) <u>88</u>	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) <u>HW</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Lee County Va</u>	
13. FATHER'S NAME <u>John Rowland</u>			14. MOTHER'S MAIDEN NAME <u>Sallie Miracell</u>		
15. NAME OF HUSBAND OR WIFE OF DECEASED <u>Alexander Chadwell</u>			17. INFORMANT'S SIGNATURE <u>Mrs J. H. Robinson</u> ADDRESS <u>Ewing Va R1</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, as-thenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		(a) <u>Senile Debility</u> (b) <u>arterio sclerosis. Glycosuria.</u> (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e. 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	21f. HOW DID INJURY OCCUR? <u>1</u>

22. I hereby certify that I attended the deceased from Dec. 23, 1955, to Dec. 25, 1955, that I last saw the deceased alive on Dec 25, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. L. Sumpter M.D.</u>	(Degree or title)	23b. ADDRESS <u>Rose Hill, Va</u>	23c. DATE SIGNED <u>12-29-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rowland</u>	24d. LOCATION (City, town, or county) (State) <u>Caylor Virginia</u>

DATE REC'D BY LOCAL REG. <u>Dec 29, 1955</u>	REGISTRAR'S SIGNATURE <u>Virginia Dalton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hobart Caswood</u>	ADDRESS <u>Middlesboro, Ky.</u>
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