23347

591

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

REGISTRATION DISTRICT NO. 2800 (TO BE INSERTED BY REGISTRAR) REGISTERED NO. (FOR USE OF LOCAL REGISTRAR)

1 PLACE OF DEATH
COUNTY OF Roanoke
MAGISTERIAL DISTRICT OF
OR
INC. TOWN OF Roanoke
OR
CITY OF
(No. Jefferson Hospital WARD)
(If death occurred in a hospital or other institution, give its NAME instead of street and number)

2 FULL NAME Mrs Frank A Staples Surgh NR
(A) RESIDENCE. No ST. WARD. Greenville-Va.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos 5 wks ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John Randolph Smith

6 DATE OF BIRTH (MONTH, DAY, AND YEAR. WRITE NAME OF MONTH)
April 20th 1850 19

7 AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, ____ HRS. OR ____ MIN.
	73	5	6	

8 OCCUPATION OF DECEASED
(A) TRADE, PROFESSION, OR PARTICULAR KIND OF WORK None
(B) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)
(C) NAME OF EMPLOYER

9 BIRTHPLACE
(CITY OR TOWN) Richmond
(STATE OR COUNTRY) Va.

PARENTS
10 NAME OF FATHER D. H. Carter
11 BIRTHPLACE OF FATHER
(CITY OR TOWN)
(STATE OR COUNTRY) Va.
12 MAIDEN NAME OF MOTHER Lou Virginia Staples
13 BIRTHPLACE OF MOTHER
(CITY OR TOWN)
(STATE OR COUNTRY) Va.

14 INFORMANT Mrs. Sam'l Hairston
(ADDRESS) Roanoke, Va.

15 FILED SEP 28 1923 W. F. Foster REGISTRAR

STATEMENT OF OCCUPATION IS THE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) September ~~24~~ 26 1923

17 I HEREBY CERTIFY, That I Attended Deceased From
Aug 25 1923, TO Sept 26 1923
That I Last Saw Her Alive On Sept 26 1923
And That Death Occurred, On Date Stated Above, At 8.20 P.M.
The Cause of Death* was as follows: 44
Carcinoma of Stomach 49

(DURATION) YRS. MOS. 31 DS.
CONTRIBUTORY (SECONDARY) Duodenum
(DURATION) YRS. MOS. 14 DS.

18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Greenville Va;
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 27 23
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(SIGNED) Hugh A. Trout M. D.
(ADDRESS) Roanoke Va.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Vesuvius, Va.	Sept. 28

20 UNDERTAKER John M. Oakey, Inc.,
ADDRESS Roanoke, Va.