H. D. V. S.. Form No. 12, 200M.—6-15-12.

1. PLACE OF DEATH.

County of Floyd

District of Little River

or

Inc. Town of

or

City of

CERTIFICATE OF DEATH

Registration District No. 213 D

Primary Registration District No. 4

(No. St.; Ward)

COMMONWEALTH OF VIRGINIA
STATE BOARD OF HEALTH
Bureau of Vital Statistics

File No. 722873

Registered No.

[If death occured in a Hospital or Institution give its NAME instead of street and number.]

2. FULL NAME Peter L. Smith Jr.

Residence In City Yrs. Mos. Days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED, WIDOWED, OR DIVORCED. (*Write* the word): Married

6 DATE OF BIRTH: Unknown (Month) (Day) 1865 (Year)

7 AGE: 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of Industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or Country): Franklin Co Va

PARENTS

10 NAME OF FATHER: Peter Smith Sr.

11 BIRTHPLACE OF FATHER (State or Country): Va

12 MAIDEN NAME OF MOTHER: Lucinda Galaspie

13 BIRTHPLACE OF MOTHER (State or Country.): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) N. E. Martin

(Address) Simpsons Va

15

Filed Oct 29, 1913 G. W. Hale
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 28 (Day), 1913 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1913, to Oct 25, 1913

that I last saw h alive on , 191

and that death occurred, on the date stated above, at 10 a m. The CAUSE OF DEATH★ was as follows:

Valvular Heart disease
Chronic

(Duration) unknown yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. L Massey M. D.

Oct 29, 1913 (Address) Simpsons 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: Salem Cemetery

DATE OF BURIAL: Oct 29, 1913

20 UNDERTAKER: Bash Board

ADDRESS: Simpsons Va