

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

State File No. _____
 Registered No. 752

10

1. PLACE OF DEATH ALDEMARLE		MAGISTERIAL DISTRICT		2. USUAL RESIDENCE (When Decedent lived. If now deceased, residence before admission to institution) a. STATE Virginia b. COUNTY Washington			
3. CITY OR TOWN CHARLOTTESVILLE		<input type="checkbox"/> Inside } Corporate Limits <input checked="" type="checkbox"/> Outside }		c. CITY OR TOWN Abingdon		<input checked="" type="checkbox"/> Inside } Corporate Limits <input type="checkbox"/> Outside }	
4. INSTITUTION CITY OF VIRGINIA HOSPITAL		d. LENGTH OF STAY 8 days		d. STREET ADDRESS (If rural, give mailing address) 112 English Place, N.W.			
5. NAME OF DECEASED CLARENCE F. THOMAS		a. (Sex)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MAY 19 1952	
6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10/4/02		9. AGE (In years and birthday) 49	
10a. KIND OF BUSINESS OR INDUSTRY Textile Industry		11. BIRTHPLACE (State or foreign country) Slide Springs Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. MAJOR FINDINGS OF OPERATION	
13. HUSBAND OR WIFE OF DECEASED Mrs. Clarence Thomas		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE Norman P. Thomas			

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Broncho pneumonia		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
ANTECEDENT CAUSES Starbid condition, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 491			
11. OTHER SIGNIFICANT CONDITIONS Suppuration of lungs		DUE TO (c) Arachnoiditis spinalis		16. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. MAJOR FINDINGS OF OPERATION		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR COUNTY) (STATE)	
21a. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21d. HOW DID INJURY OCCUR?			

I certify that I attended the deceased from 3-11 to 5-2, to 3-14, 1952, that I last saw the deceased 3-14, 1952, and that death occurred at 3-19, 1952, from the causes and on the date stated above.

22. SIGNATURE (Degree or title) William H. Stout M.D.		23b. ADDRESS Univ. of Va. School		23c. DATE SIGNED 3-17-52	
24a. DATE 3/17/52		24c. NAME OF CEMETERY OR CREMATORY Knox		24d. LOCATION (City, town, or county) (State) Abingdon Va	
25. REGISTAR'S SIGNATURE Richard J. Eckart		25. FUNERAL DIRECTOR'S SIGNATURE Hill & Goring Inc			
		ADDRESS Charlottesville Va			