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

1 PLACE OF DEATH
COUNTY OF ______
MAGISTERIAL DISTRICT OF ______
OR
INC. TOWN OF ______
OR
CITY OF Martinsville

REGISTRATION DISTRICT No. ______ (TO BE INSERTED BY REGISTRAR) REGISTERED No. ______ (FOR USE OF LOCAL REGISTRAR)

(No. Shackelford Hosp. St. ______ WARD)
(If death occurred in a hospital or other institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ______ yrs. ______ mos. ______ ds. How long in U. S., if of foreign birth? ______ yrs. ______ mos. ______ ds.

2 FULL NAME J. L. Vaughn

(A) RESIDENCE. No. Martinsville St. ______ WARD ______
(Usual place of abode) (If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know
6. DATE OF BIRTH (month, day, and year) ______
7. AGE Years 25 Months ______ Days ______ IF LESS THAN 1 DAY, ______ HRS. OR ______ MIN.

OCCUPATION
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Furniture
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Worker
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) ______
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION ______

12. BIRTHPLACE (city or town) (State or country) [illegible]

FATHER
13. NAME [illegible]
14. BIRTHPLACE (city or town) (State or country) ______

MOTHER
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT ______ (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL [illegible]
PLACE [illegible] DATE [illegible], 1 ______

19. UNDERTAKER [illegible] (ADDRESS)

20. FILED ______, 1 ______ [illegible]
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/1/37, 1 ______

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 2/26/37, 1 ______, TO 3/1/37, 1 ______
I LAST SAW H ______ ALIVE ON [illegible], 1 ______, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT ______ M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS: Date of onset

influenza
Bronchial Pneumonia

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE:
[illegible]

NAME OF OPERATION ______ DATE OF ______
WHAT TEST CONFIRMED DIAGNOSIS? ______ WAS THERE AN AUTOPSY? ______

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
ACCIDENT, SUICIDE, OR HOMICIDE? ______ DATE OF INJURY ______, 1 ______
WHERE DID INJURY OCCUR? ______
(Specify city or town, county, and State)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
______
MANNER OF INJURY ______
NATURE OF INJURY ______

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? ______
IF SO, SPECIFY ______
(SIGNED) [illegible], M. D.
(ADDRESS) ______