

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

1 PLACE OF DEATH

COUNTY OF Chesterfield
MAGISTERIAL DISTRICT OF Middlechester
OR
INC. TOWN OF _____
OR
CITY OF _____

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

444

REGISTRATION DISTRICT NO. 200^a REGISTERED NO. 2
(TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)

Bellmount Road (WARD)
near Murchie Mill

2 FULL NAME

Mary Melvina Hill

(A) RESIDENCE, NO. _____ ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.A. Hill

6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) Jan 22 1852

7 AGE YEARS 73 MONTHS 11 DAYS 24 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

8 OCCUPATION OF DECEASED (A) TRADE, PROFESSION, OR PARTICULAR KIND OF WORK Domestic
(B) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)

(C) NAME OF EMPLOYER _____

9 BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Va

10 NAME OF FATHER Joseph Stecker

11 BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Va

12 MAIDEN NAME OF MOTHER Wout Know

13 BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Va

14 INFORMANT W.F. Hill

(ADDRESS) Drury's Bluff, Va

15 FILED Jan 17 1926 J.F. Speed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) Jan 15 1926

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ 19 _____ TO _____ 19 _____

THAT I LAST SAW HIM ALIVE ON _____ 19 _____

AN AT DEATH OCCURRED, ON DATE STATED ABOVE, AT 5:30 P.M. THE CAUSE OF DEATH WAS AS FOLLOWS:

Sudden death, dropped dead in yard

(DURATION) Sudden DS.

CONTRIBUTORY (SECONDARY) _____ (DURATION) _____ YRS. _____ MOS. _____ DS.

18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TESTS CONFIRMED DIAGNOSIS? No Autopsy

(SIGNATURE) John S. Whitlow (ADDRESS) Chesterfield

*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 RE-MOVAL Branches Church, Va DATE OF BURIAL Jan 17

20 UNDERTAKER Chas. Morris et Sons ADDRESS City

VOID IF ALTERED OR ERASED

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This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia

DATE ISSUED **September 04, 2001**

Deborah Little-Bowser
Deborah Little-Bowser, State Registrar

Do not accept unless on security paper with seal of Vital Statistics clearly impressed. Section 32.1-272, Code of Virginia, as amended.

VS 15B



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