

1 PLACE OF DEATH

COUNTY OF Loudoun  
 MAGISTERIAL DISTRICT OF Jefferson  
 OR  
 INC. TOWN OF \_\_\_\_\_  
 OR  
 CITY OF \_\_\_\_\_

CERTIFICATE OF DEATH  
 COMMONWEALTH OF VIRGINIA

BUREAU OF VITAL STATISTICS  
 STATE BOARD OF HEALTH

REGISTRATION DISTRICT NO. 534/B REGISTERED NO. \_\_\_\_\_  
 (TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)

18078  
 8

2 FULL NAME Sarah Ellen Willingham  
 (If death occurred in a hospital or other institution, give its NAME instead of street and number)  
 (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 William Willingham

6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) March 5, 1861

7 AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS OR \_\_\_\_\_ MIN.  
68 4 20

8 OCCUPATION OF DECEASED (A) TRADE, PROFESSION, OR PARTICULAR KIND OF WORK Housewife  
 (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) Clark Co Va

10 NAME OF FATHER Joshua M. Stickle

11 BIRTHPLACE OF FATHER (CITY OR TOWN) Clark Co Va (STATE OR COUNTRY) Virginia Co. Va.

12 MAIDEN NAME OF MOTHER Harriet Ashby

13 BIRTHPLACE OF MOTHER (CITY OR TOWN) Clark Co Va (STATE OR COUNTRY) \_\_\_\_\_

14 INFORMANT J. L. Mann (ADDRESS) Round Hill Va

15 I, July 26, 1929 J. L. Mann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) July - 25th 1929

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Sept - 1928 TO July 25, 1929

THAT I LAST SAW HER ALIVE ON July 25, 1929

AND THAT DEATH OCCURRED, ON DATE STATED ABOVE, AT 8:30 A.M. THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular heart disease with Myocarditis

90 (DURATION) 1 YRS.  MOS.  DS.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (DURATION) \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs

(SIGNED) B. P. Peterson M. D. 7/26, 1929 (ADDRESS) Purcellville 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 RE-MOVAL Hillsboro Va DATE OF BURIAL July 27

20 UNDERTAKER Geo B Cornwall ADDRESS Purcellville Va

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID)—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

PARENTS