

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Form No. 12.

CERTIFICATE OF DEATH

COMMONWEALTH OF VIRGINIA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1455

1. PLACE OF DEATH.

County of London

District of Int. Gilead

or
Inc. Town of _____

or
City of _____

Registration District No. 5336

(No. _____ St.; _____ Ward)

Registered No. _____ 3
(For use of Local Registrar)

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

2. FULL NAME William Robert Graham

Residence In City _____ Yrs. _____ Mos. _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Married
MARRIED, WIDOWED, OR DIVORCED.
(Write the word)

6 DATE OF BIRTH May 25 1856
(Month) (Day) (Year)

7 AGE 59 yrs. 8 mos. 3 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) Tazewell Co Va

10 NAME OF FATHER Samuel L. Graham

11 BIRTHPLACE OF FATHER (State or Country) Wythe Co Va

12 MAIDEN NAME OF MOTHER Cosby Harrison

13 BIRTHPLACE OF MOTHER (State or Country) Tazewell Co Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maggie Graham
(Address) Hamilton

15 Filed Jan 30, 1916. J. A. Otley
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 28, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 20, 1915, to Jan 28, 1916 that I last saw him alive on Jan 28, 1916 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Pyloric End of Stomach
(Duration) 1 yrs. 2 mos. _____ ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. E. Clagett M. D.
Jan 29, 1916 (Address) Hamilton 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. Hamilton Va DATE OF BURIAL Jan 30, 1916

20 UNDERTAKER A. S. Hough ADDRESS Hamilton Va