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.

H. D. V. S.. Form No. 12, 200M.—6-15-12.

1. PLACE OF DEATH.

County of Augusta

District of

or

Inc. Town of

or

City of Staunton

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2070

(No. 654 E Main St.; E Ward)

COMMONWEALTH OF VIRGINIA
STATE BOARD OF HEALTH
Bureau of Vital Statistics

File No. 18094

Registered No. 92

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

2. FULL NAME Emma Cabell

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word): Married

6 DATE OF BIRTH: [illegible] (Month) [illegible] (Day) 1873 (Year)

7 AGE: 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession. or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or Country): Virginia

PARENTS

10 NAME OF FATHER: Tom Jackson

11 BIRTHPLACE OF FATHER (State or Country): Virginia

12 MAIDEN NAME OF MOTHER: Emma Jackson

13 BIRTHPLACE OF MOTHER (State or Country.): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. J. H. Cabell

(Address) Staunton, Va

15 Filed Oct 12, 1912 K. Bradford
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 12 (Day), 1912 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 25th, 1912, to Oct 12, 1912 that I last saw her alive on Oct 11th, 1912 and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

Anaemia brought on by Complications

(Duration) yrs. 7 mos. ds.

Contributory (SECONDARY) Anaemia

(Duration) yrs. mos. ds.

(Signed) Stuart Leott M. D.

Oct 12th, 1912 (Address) 140 E Main St.

*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. Staunton Va

DATE OF BURIAL Oct 13, 1912

20 UNDERTAKER W H & Co

ADDRESS Staunton Va