Dr. Waller

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

REGISTRATION DISTRICT No. 2070 (TO BE INSERTED BY REGISTRAR) REGISTERED No. 175 (FOR USE OF LOCAL REGISTRAR)

1 PLACE OF DEATH
COUNTY OF Augusta
MAGISTERIAL DISTRICT OF
OR
INC. TOWN OF
OR
CITY OF Staunton (No. ____ 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 Washington J. H. Cabell

(A) RESIDENCE. No. 654 East Beverley St ST., 1st WARD
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Emma Cabell

6. DATE OF BIRTH (month, day, and year) 1863

7. AGE	Years	Months	Days	IF LESS THAN 1 DAY, ____ HRS. OR ____ MIN.
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OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Janitor

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Augusta County Court House

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) 1930

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 27

12. BIRTHPLACE (city or town) (State or country) Augusta County Va.

FATHER

13. NAME Edmund Cabell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Evelina Cabell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (ADDRESS) Miss Mary E. Cabell Staunton Va

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Cemetery DATE June 14, 1932

19. UNDERTAKER Hamrick & Co
(ADDRESS) Staunton Va.

20. FILED
June 20/32 J. F. Fulton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 12. 1932

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 17, 1931, TO June 12, 1932
I LAST SAW H... ALIVE ON June 12, 1932, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:30 P. M.

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

	Date of onset
Chronic Nephritis;	
Hypertension; Heart Disease;	
Arteriosclerosis.	

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE:

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NAME OF OPERATION ____ DATE OF ____

WHAT TEST CONFIRMED DIAGNOSIS? ____ WAS THERE AN AUTOPSY? no

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? no

IF SO, SPECIFY ____

(SIGNED) C. J. Waller, M. D.

(ADDRESS) 108 E Beverley St Staunton, Va

Form V. S. No. 12—6-29-31—40M.

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.