# COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH — BUREAU OF VITAL RECORDS AND HEALTH STATISTICS — RICHMOND

COPY A

FOR BUREAU OF VITAL STATISTICS

REGISTRATION AREA NUMBER: 226

CERTIFICATE NUMBER: 35

STATE FILE NUMBER: 72 002026

**DECEDENT**

1. FULL NAME OF DECEASED (first) Mary (middle) Eveline (last) Cabell
2. SEX: male ☐ female ☒
3. DATE OF DEATH (mo.) (day) (year): Jan. 15, 1972
4. AGE OF DECEASED: 67 years — IF UNDER 1 YEAR: months, days — IF UNDER 1 DAY: hours, minutes
5. COLOR OR RACE: Negro

**PLACE OF DEATH**

6. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): King's Daughters' Hospital
7. COUNTY OF DEATH (if independent city, leave blank):
8. CITY OR TOWN OF DEATH (if rural, so state): Staunton — inside city or town limits? yes ☒ no ☐
9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: 1410 N. Augusta Street

**USUAL RESIDENCE OF DECEDENT**

10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: Virginia
11. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank):
12. CITY OR TOWN OF RESIDENCE: Staunton — inside city or town limits? yes ☒ no ☐
13. STREET ADDRESS OR RT. NO. OF RESIDENCE: 654 E. Beverley St. — ZIP CODE: 24401

**PERSONAL DATA OF DECEDENT**

14. NAME OF FATHER OF DECEASED: Washington J. H. Cabell
15. MAIDEN NAME OF MOTHER OF DECEASED: Emma Jackson
16. DECEASED CITIZEN OF WHAT COUNTRY: U. S. A.
17. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
18. IF MARRIED OR WIDOWED, NAME OF SPOUSE. IF DIVORCED, LEAVE BLANK:
20. IF VETERAN, name war, or if peacetime only, so state:
21. BIRTHPLACE OF DECEASED (state or country): Staunton, Va.
22. DATE OF BIRTH OF DECEASED (mo.) (day) (year): Aug. 31, 1904
23. USUAL OR LAST OCCUPATION: Domestic
24. KIND OF BUSINESS OR INDUSTRY:
25. INFORMANT — OR SOURCE OF INFORMATION: Emma C. Smith

**TO PHYSICIAN:**

Complete and sign medical certification (item 26) and return both copies to funeral director as soon as possible after determination of cause.

NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.

**MEDICAL CERTIFICATION**

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A) Cardiac failure

DUE TO (B) Pneumonia

DUE TO (C)

Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

26a. AUTOPSY? yes ☒ no ☐ AUTHORIZED BY: sister

26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes ☐ no ☒ unknown ☐

26c. IF EXTERNAL CAUSE, IT WAS PRIMARY ☐ or CONTRIBUTING ☐ TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER

26d. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in part I or part II)

26e. TIME OF INJURY (mo.) (day) (year) A.M. P.M.

26f. INJURY OCCURRED while at work ☐ not while at work ☐

26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)

26h. (city or town) (county) (state) /

26i. I CERTIFY that I attended the deceased from (date) _____ to _____ and that death occurred at _____ (AM) (PM) from the cause stated above

ACTUAL SIGNATURE: [signature] M.D. — ADDRESS (CITY AND STATE): Staunton, Virginia — DATE SIGNED: 1/25/72

**FUNERAL DIRECTOR**

27. BURIAL ☒ REMOVAL ☐ CREMATION ☐
28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state): Fairview Cemetery, Staunton, Virginia
29. (signature of funeral director or person acting as such): Kenneth L. Jones — NAME OF FUNERAL HOME AND ADDRESS: Jones Funeral Home, Staunton, Virginia

**REGISTRAR**

30. (signature of registrar): Elsie L. Winfree /Deputy — DATE RECORD FILED: 1-25-72

MARGIN RESERVED FOR BINDING

IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen, having dark unfading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

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