Form V. S. No. 12—5-11-34—65M.

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.

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

28574

1 PLACE OF DEATH
COUNTY OF Augusta
MAGISTERIAL DISTRICT OF Bea. Manor
OR
INC. TOWN OF
OR
CITY OF Staunton, Va.

REGISTRATION DISTRICT No. 70A (TO BE INSERTED BY REGISTRAR) REGISTERED No. 783 (FOR USE OF LOCAL REGISTRAR)

(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 Geo. A. Minor

(A) RESIDENCE. No. Highland Park ST., ... WARD .....
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Lelia Minor

6. DATE OF BIRTH (month, day, and year) 1896

7. AGE: Years 38 | Months 5 | Days 18 | IF LESS THAN 1 DAY, ... HRS. OR ..... MIN.

OCCUPATION
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Farmer
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. —
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) —
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION —

12. BIRTHPLACE (city or town) (State or country) Highland Co., Va.

FATHER
13. NAME Geo. W Minor
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (ADDRESS) Patsy Minor Staunton, Va.

18. BURIAL, CREMATION, OR REMOVAL Near McDowell, Va. DATE 12/30 1934

19. UNDERTAKER (ADDRESS) Wm. B. Lindsey & Co Staunton, Va.

20. FILED Dec. 31/34 J. F. Fulton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 28, 1934

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM as coroner, 1 ..., TO ..., 1 ...

I LAST SAW ~~HIM~~ ALIVE ON Dec 28, 1934 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6 A M.

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

Acute Gastro, intestinal Toxemia

Date of onset

177

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE:

From evidence this toxemia came from putrefied meat (canned)

putrefied meat canned

NAME OF OPERATION ..... DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS? ..... WAS THERE AN AUTOPSY? .....

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) Glenn C. Campbell, M. D.

(ADDRESS) Staunton, Va
Augusta Co., Coroner.