

CERTIFICATE OF DEATH

File No.—For State Registrar Only

PLACE OF DEATH.

COMMONWEALTH OF VIRGINIA

Bureau of Vital Statistics

State Board of Health

County of Wise

District of Richmond

or Inc. Town of Inman Va. Registration District No. 972

or City of _____ (No. a St.; _____ Ward)

Registered No. 63
(For use of Local Registrar)

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

2. FULL NAME Richard Bradon

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Dec 15th 1914
(Month) (Day) (Year)

6 DATE OF BIRTH _____
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1914, to Dec 15th, 1914 that I last saw him alive on Dec 13th, 1914 and that death occurred, on the date stated above, at 3 P.M.

7 AGE 50 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:
Lymphitis

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

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (State or Country) Clay Co, Ky.

(Signed) R. W. Halley M. D.

10 NAME OF FATHER _____

Dec 14, 1914 (Address) Appalachia Va.

11 BIRTHPLACE OF FATHER (State or Country) _____

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

12 MAIDEN NAME OF MOTHER _____

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or recent Residents)

13 BIRTHPLACE OF MOTHER (State or Country) _____

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, If not at place of death? Former or usual Residence _____

(Informant) John Wilson
(Address) Inman Va.

19 PLACE OF BURIAL OR REMOVAL. Inman Va. DATE OF BURIAL Dec 14, 1914

15 Filed Dec 16th 1914 F. M. Strong
LOCAL REGISTRAR

20 UNDERTAKER _____ ADDRESS _____