

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK (WRITING FLUID)—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.

Form No. 12.

# CERTIFICATE OF DEATH

COMMONWEALTH OF VIRGINIA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10327

## 1. PLACE OF DEATH.

County of Botetourt  
Magisterial District of Buchanan

or  
Inc. Town of \_\_\_\_\_

or  
City of \_\_\_\_\_

Registration District No. 1140  
(To be inserted by Registrar)

Registered No. 2  
(For use of Local Registrar)

(If death occurred in a Hospital or Institution give its NAME instead of street and number) \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

## 2 FULL NAME Lewis Clifton Hays

Residence  
In City \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE single  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH May 11, 1922  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 da. \_\_\_\_\_  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of Industry, business, or establishment in which employed (or employer) none

9 BIRTHPLACE (State or Country) Botetourt Co Va

10 NAME OF FATHER Edw. G. Hays

11 BIRTHPLACE OF FATHER (State or Country) Angus Co Va

12 MAIDEN NAME OF MOTHER Bessie May Owen

13 BIRTHPLACE OF MOTHER (State or Country) Botetourt Co Va

### 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr W. B. Barker

(Address) Buchanan Va

15 Filed May 12, 1922 J. D. Bowser  
(Date received by Registrar) LOCAL REGISTRAR.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 16, 1922  
(Name of month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1922, to May 16, 1922, that I last saw him alive on May 16, 1922, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH\* was as follows:

Convulsions 162

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

Contributory (SECONDARY) infected ear

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

(Signed) W. B. Barker M. D.

May 17, 1922 (Address) Buchanan Va

\*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 Mill Creek Church  
20 UNDERTAKER Buchanan Furniture Co

DATE OF BURIAL 5-16-1922

ADDRESS Buchanan Va