Form No. 12

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.

7526

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

REGISTRATION DISTRICT NO. 870a (TO BE INSERTED BY REGISTRAR) REGISTERED NO. 2 (FOR USE OF LOCAL REGISTRAR)

1 PLACE OF DEATH
COUNTY OF Southampton
MAGISTERIAL DISTRICT OF Drewryville
OR
INC. TOWN OF _____
OR
CITY OF _____
(No. _____ _____ ST. _____ WARD)
(If death occurred in a hospital or other institution, give its NAME instead of street and number)

2 FULL NAME Joseph Henry Manry

(a) RESIDENCE. No. _____ _____ ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 78 yr. 3 mo. 15 da. How long in U. S., if of foreign birth? _____ yr. _____ mo. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Manry
6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH): Jan. 9 - 1847
7 AGE: YEARS 78 | MONTHS 3 | DAYS 15 | IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
8 OCCUPATION OF DECEASED
(a) TRADE, PROFESSION, OR PARTICULAR KIND OF WORK: None Invalid
(b) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)
(c) NAME OF EMPLOYER
9 BIRTHPLACE
(CITY OR TOWN) Southampton Co
(STATE OR COUNTRY) Virginia

PARENTS
10 NAME OF FATHER: William Peters Manry
11 BIRTHPLACE OF FATHER
(CITY OR TOWN) _____
(STATE OR COUNTRY) Southampton Co. Va.
12 MAIDEN NAME OF MOTHER: Mary Jane Jelks
13 BIRTHPLACE OF MOTHER
(CITY OR TOWN) _____
(STATE OR COUNTRY) Southampton Co. Va

14 INFORMANT: Willie Manry
(ADDRESS) Capron, Va.
15 FILED March 28 1925 E. E. Felts REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH): March 26 1925
17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Mar. 22, 1925, TO Mar. 26 1925
THAT I LAST SAW HIM ALIVE ON Mar. 26, 1925
AND THAT DEATH OCCURRED, ON DATE STATED ABOVE, AT 11:20 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Mitro? regurgitation of heart

_____ (DURATION) _____ YRS. _____ MOS. _____ DS.
CONTRIBUTORY (SECONDARY) _____ (DURATION) 10 YRS. _____ MOS. _____ DS.
18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? _____
(SIGNED) J. N. Applewhite M. D.
Mar. 27 1925 (ADDRESS) Capron Va.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: _____ DATE OF BURIAL: Mar. 28, 1925
20 UNDERTAKER J. T. Barlow
ADDRESS Capron Va.