

CERTIFICATION OF VITAL RECORD

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

11717

4

1 PLACE OF DEATH  
 COUNTY OF Prince William  
 MAGISTERIAL DISTRICT OF Oumphies  
 OR  
 INC. TOWN OF Quantico, Va.  
 OR  
 CITY OF \_\_\_\_\_

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

REGISTRATION DISTRICT 752B REGISTERED NO. \_\_\_\_\_  
 (TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)  
 (No. U.S. N. Hosp. Quantico, Va.) (If death occurred in a hospital or other institution, give its NAME instead of street and number)

2 FULL NAME Thomas A. Crooke,  
 (A) RESIDENCE, No. \_\_\_\_\_ ST. \_\_\_\_\_ WARD Washington, D.C.  
 (Usual place of abode) (If non-resident give city, street and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH)

7 AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_ HRS OR \_\_\_ MIN  
unknown

8 OCCUPATION OF DECEASED (A) TRADE, PROFESSION, OR PARTICULAR KIND OF WORK unknown  
 (B) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)  
 (C) NAME OF EMPLOYER

9 BIRTHPLACE (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)

14 INFORMANT (Address)

15 FILED 4-6-29 Fraswell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) April 5, 1929 19\_\_

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED PERSON FROM \_\_\_\_\_ TO \_\_\_\_\_ 19\_\_

THAT I LAST SAW HIM ALIVE ON 4-5-29 AT \_\_\_\_\_

AND THAT DEATH OCCURRED ON DATE STATED ABOVE, AT \_\_\_\_\_ 11:45  
 THE CAUSE OF DEATH WAS AS FOLLOWS:

Fracture of left femur due to bus accident, shock and respiratory failure. 1880

(DURATION) \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_

CONTRIBUTORY (SECONDARY) (DURATION) \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_

18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Dumfries, Va.

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray  
 (SIGNED) Wm. H. Harris, Jr.

4-5-29 (Address) Quantico, Va.

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

19 PLACE OF BURIAL, CREMATION, OR RE-MOVAL DATE OF BURIAL Washington, D.C. 4-8-29

20 UNDERTAKER W R Ralley

ADDRESS Washington, D.C.

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.