

**Page, William Oscar: Death Certificate, Northumberland County**

## Metadata

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MARGIN RESERVED FOR BENDING  
 WRITE PLAINLY WITH UNFAADING 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 full, and 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  
**20637**

1. PLACE OF DEATH  
 County of Northumberland  
 District of Fairfax  
 or Town of Lilian  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ (Ward \_\_\_\_\_)  
 (If death occurred in a Hospital or Institution give its NAME instead of street and number)

2 FULL NAME William Oscar Page Residence In City \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>Black</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)	16 DATE OF BIRTH <u>August 16, 1917</u> (Name of month) (Day) (Year)	17 I HEREBY CERTIFY, That I <u>deceased</u> <u>some</u> <u>hrs. of the death</u> <u>1917</u> that I <u>did</u> <u>not</u> <u>saw</u> <u>h.</u> <u>alive</u> <u>on</u> <u>between 11:00</u> <u>and that death occurred on the date stated above, in</u> <u>the CAUSE OF DEATH was as follows:</u> <u>From violence means either</u> <u>(1) hanging or (2) Gun shot</u> <u>murder</u> <u>Homicide</u> (Duration) _____ yrs. _____ mos. _____ ds.
6 DATE OF BIRTH <u>Not known</u> (Month) (Day) (Year)	7 AGE <u>Not known</u> <u>about 15 years.</u> <u>dt.</u> _____ hrs. or _____ min.?	8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer)	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 <u>Rose Hill Masonic Cemetery</u> DATE OF BURIAL <u>Aug 19, 1917</u>
9 BIRTHPLACE (State or Country) <u>Virginia</u>	10 NAME OF FATHER <u>Not known</u>	11 BIRTHPLACE OF FATHER (State or Country) <u>" "</u>	12 MAIDEN NAME OF MOTHER <u>Not known</u>	13 BIRTHPLACE OF MOTHER (State or Country) <u>" "</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Miss M. C. Peeye</u> (Address) <u>Lilian, Va.</u>				
15 Filed <u>Aug 16, 1917</u> <u>Miss S. D. ...</u> Local Registrar (Date received by Registrar)			16 UNDERTAKER <u>J. W. ...</u> ADDRESS <u>Lilian, Va.</u>	

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County:Northumberland

Magisterial District:Fairfield

Town:Lilian

City:

Registration District No.:662a

Registered No.:25

File No.:20637

No. (or Hospital Name):

Street:

Ward:

Full Name:William Oscar Page

Residence:

Years:

Months:

Days:

Sex:Male

Color or Race:Black

Relationship:Married,Widowed

Name of Husband or Wife:

Date of Birth:Recorded

Month:Not known

Day:

Year:

Age:Recorded

Years:Not known about 25 years

Months:

Days:

Profession:Laborer

Nature of Business:

Name of Employer:  
Birthplace:Recorded  
City, Town, or County:  
State or Country:Virginia  
Father's Name:Not known  
Birthplace (city or town):Not known  
Birthplace (state or country):Not known  
Mother's Name (maiden name):Not known  
Birthplace (city or town):Not known  
Birthplace (state or country):Not known  
Informant Name:Myrtle Page  
Address:Lilian VA  
Date Filed:Aug 16, 1917  
Registrar:Mrs T. S. D. Covington  
Date of Death:August 16, 1917  
Time of Death:between 11 pm Aug 15 & sunrise Aug 16, 1917  
Last Seen Alive:I viewed deceased some hours after death  
Cause of Death:From violent means, either (1) hanging or (2) gunshot wounds  
homicide  
Contributory (Secondary):  
Autopsy?:Not Recorded  
External causes?:Homicide  
Other Notes:  
Signed (Physican):R Wilson Selby  
Date:Aug 16, 1917  
Address:Burgess Shore Va  
Place of Burial, Cremation, or Removal:Hope [illegible] Cemetery  
Date of Burial:Aug 17, 1917  
Undertaker:J W Butler  
Address:Lilian VA  
Additional text not entered above:

Contributions Message

Gianluca De Fazio, Mallory Todd, Beka Castagna, Andrew Coleman and The Library of Virginia