

118

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

21614

Registration District No. 118 Registered No. 3

80M-4-60

PLEASE WRITE PLAINLY, WITH UNFADING INK

1. PLACE OF DEATH a. COUNTY Charles City		b. MAGISTERIAL DISTRICT TYLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Va.				b. COUNTY Charles City	
c. CITY OR TOWN Providence Forge		d. IS PLACE OF DEATH INSIDE CITY OR TOWN LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN Providence Forge		d. IS RESIDENCE INSIDE CITY OR TOWN LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. HOSPITAL OR INSTITUTION Home		i. LENGTH OF STAY		e. STREET ADDRESS (If rural, give mailing address) R.F.D. #1 Box 154					
3. NAME OF DECEASED (Type or Print) GRAHAM			a. (First)	b. (Middle) M.	c. (Last) ADKINS		4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1960		
5. SEX male	6. COLOR OR RACE Indian white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 25, 1890		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARM owner		11. BIRTHPLACE (State or foreign country) Charles City Co.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME James Adkins				14. MOTHER'S MAIDEN NAME Alice Turner					
15. NAME OF HUSBAND OR WIFE OF DECEASED Maggie (Dec.)				17. INFORMANT'S SIGNATURE family					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage - 1 wk</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Arterio Sclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>331</i>									INTERVAL BETWEEN ONSET AND DEATH 3 mo
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>Jan 1st 60</i> to <i>Aug. 6th</i> and last saw him alive on <i>Aug 6 - 1960</i> Death occurred at <i>5:00 am</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Ethel Browning</i>			22b. ADDRESS <i>Providence Forge</i>			22c. DATE SIGNED <i>8/6/60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 8, 1960	23c. NAME OF CEMETERY OR CREMATORY Samaria Bapt. Ch.		23d. LOCATION (City, town or county) (State) Charles City Co., Va.				
DATE REC'D BY LOCAL REG. Aug 8, 1960		REGISTRAR'S SIGNATURE <i>Ethel Browning</i>		24. FUNERAL DIRECTOR'S SIGNATURE <i>H. Sidney Haddell</i>					
				ADDRESS Nelson Funeral Home Richmond 31, Va.					

Free 8-11-60
Delroy Dun.
Home
Form V.S. 2
Rich. Va.