

BOOK 747 PAGE 564

DECEASED		FALL LINE OF DECEASED		LEMA		ALLEY		SEX		T	
DATE OF DEATH		(mo) (day) (year)		4 AGE		IF UNDER 1 YEAR		IF (LINES) 1 DAY		DATE OF BIRTH	
April 21, 1994		98		years		months days		years minutes		Feb. 21, 1895	
PLACE OF DEATH		7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state)		8. COUNTY OF DEATH (if not a standard city, leave blank)		9. CITY OR TOWN OF DEATH		10. STREET ADDRESS ON ST. NO. OF PLACE OF DEATH		11. STATE (OR FOREIGN COUNTRY) OF DEATH	
Santora Leigh Hospital		Norfolk		SKAMINIA CO. WASH.		Virginia		830 Keapville Rd.		12. COUNTY OF DECEASED'S RESIDENCE (if independent, city, leave blank)	
13. CITY OR TOWN OF RESIDENCE		14. STREET ADDRESS ON ST. NO. OF RESIDENCE		15. MAIDEN NAME OF DECEASED'S MOTHER		16. EDUCATION (8th high only; highest grade completed)		17. CITIZEN OF WHAT COUNTRY		18. BIRTHPLACE (state or country)	
Norfolk		4635 Bankhead Ave.		Mary Z Thompson		1		USA		Kansas	
19. NAME OF DECEASED'S FATHER		20. KIND OF BUSINESS OR INDUSTRY		21. INFORMANT OR SOURCE OF INFORMATION		22. SOCIAL SECURITY NUMBER		23. INITIAL OR LAST OCCUPATION		24. KIND OF BUSINESS OR INDUSTRY	
Absalom Altman		U S Postal Service		Annabelle Eversole		543-14-7383		Carrier		U S Postal Service	
25. RACE OF DECEASED		26. SEX OF DECEASED		27. MARRIAGE STATUS		28. IF MARRIED OR WIDOWED, NAME OF SPOUSE		29. IF MARRIED OR WIDOWED, NAME OF SPOUSE		30. IF MARRIED OR WIDOWED, NAME OF SPOUSE	
White		Male		Married		Cyrus Hitt		Cyrus Hitt		Cyrus Hitt	
31. CAUSE OF DEATH		32. IMMEDIATE CAUSE (Final disease or condition resulting in death)		33. INTERMEDIATE CAUSE (Disease or injury that initiated events resulting in death) LAST		34. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		35. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS?		36. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS?	
4 days		4 days		4 days		4 days		4 days		4 days	
37. TIME OF INJURY		38. PLACE OF INJURY		39. PLACE OF INJURY		40. PLACE OF INJURY		41. PLACE OF INJURY		42. PLACE OF INJURY	
4/21/94		4/21/94		4/21/94		4/21/94		4/21/94		4/21/94	
43. NAME OF ATTENDING PHYSICIAN (Type or Print)		44. ADDRESS OF ATTENDING PHYSICIAN		45. DATE SIGNED		46. DATE SIGNED		47. DATE SIGNED		48. DATE SIGNED	
J. William Smith		J. William Smith		4/25/94		4/25/94		4/25/94		4/25/94	
49. RURAL		50. PLACE OF BURIAL		51. NAME OF FUNERAL HOME		52. ADDRESS OF FUNERAL HOME		53. DATE RECEIVED		54. DATE RECEIVED	
X		Keapville Crematorium, VA, VA Beach, Virginia		J. William Smith		018 Norview Ave., Norfolk VA 2350		APR 28 1994		APR 28 1994	
55. SIGNATURE OF REGISTRAR		56. SIGNATURE OF REGISTRAR		57. SIGNATURE OF REGISTRAR		58. SIGNATURE OF REGISTRAR		59. SIGNATURE OF REGISTRAR		60. SIGNATURE OF REGISTRAR	
J. William Smith		J. William Smith		J. William Smith		J. William Smith		J. William Smith		J. William Smith	
61. RESERVED FOR REGISTRAR'S USE		62. RESERVED FOR REGISTRAR'S USE		63. RESERVED FOR REGISTRAR'S USE		64. RESERVED FOR REGISTRAR'S USE		65. RESERVED FOR REGISTRAR'S USE		66. RESERVED FOR REGISTRAR'S USE	

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DATE ISSUED APR. 26 1934 DEP. REGISTRAR

Section 32.1-272, Code of Virginia, as Amended.