COPY A FOR DIVISION OF VITAL RECORDS

121306

COMMONWEALTH OF VIRGINIA · CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH · DIVISION OF VITAL RECORDS · RICHMOND

REGISTRATION AREA NUMBER: 217

CERTIFICATE NUMBER:

STATE FILE NUMBER: BOOK 147 PAGE 569

DECEDENT

1. FULL NAME OF DECEDENT (First) OLIVE (Middle) LENA (Last) ALLEY
2. SEX: Female X
3. DATE OF DEATH: April 21, 1994
4. AGE: 98 years
5. IF UNDER 1 YEAR:
6. IF UNDER 1 DAY:
7. DATE OF BIRTH: Feb. 21, 1896
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No

PLACE OF DEATH

9. NAME OF HOSPITAL OR INSTITUTION: Sentara Leigh Hospital
10. COUNTY OF DEATH:
11. CITY OR TOWN OF DEATH: Norfolk
12. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: 830 Kempsville Rd.

USUAL RESIDENCE OF DECEDENT

13. STATE OR FOREIGN COUNTRY OF DECEDENT'S RESIDENCE: Virginia
14. COUNTY OF DECEDENT'S RESIDENCE:
15. CITY OR TOWN OF RESIDENCE: Norfolk
16. STREET ADDRESS OR RT. NO. OF RESIDENCE: 4635 Bankhead Ave. ZIP CODE: 23513

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
DEC 21 3 44 PM '94
P. Lowry
AUDITOR
GARY H. OLSON

PERSONAL DATA OF DECEDENT

17. NAME OF DECEDENT'S FATHER: Absalom Altman
18. MAIDEN NAME OF DECEDENT'S MOTHER: Mary Z Thompson
19. RACE OF DECEDENT: White
20. OF HISPANIC ORIGIN: No
21. EDUCATION: 1
22. CITIZEN OF WHAT COUNTRY: USA
23. BIRTHPLACE: Kansas
24. MARITAL STATUS: Widowed
25. IF MARRIED OR WIDOWED, NAME OF SPOUSE: Cyrus Alley
26. SOCIAL SECURITY NUMBER: [redacted]
27. USUAL OCCUPATION: Rural Postal Carrier
28. KIND OF BUSINESS OR INDUSTRY: U S Postal Service
29. INFORMANT: Annabelle Eversole

CAUSE OF DEATH

PART I. IMMEDIATE CAUSE: (a) Sepsis — Interval between onset and death: 4 days

DUE TO (OR AS A CONSEQUENCE OF): (b) Ischemic bowel disease — 4 days

PART II. Other significant conditions: Malnutrition, Dehydration

AUTOPSY? No

IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS?

TIME OF INJURY: AM / PM

MEDICAL CERTIFICATION

To the best of my knowledge, death occurred at the time, date and place and from the cause(s) stated.

ACTUAL SIGNATURE: [signature]

DATE SIGNED: 4/25/94

NAME OF ATTENDING PHYSICIAN:

ADDRESS OF ATTENDING PHYSICIAN:

FUNERAL DIRECTOR

BURIAL / REMOVAL / CREMATION: Cremation X

PLACE OF BURIAL, REMOVAL, ETC.: Kempsville Crematorium, Virginia Beach, Virginia

NAME OF FUNERAL HOME AND ADDRESS: Smith and Williams Funeral Home 1 818 Norview Ave., Norfolk VA 23509

Signature of funeral director: [signature]

REGISTRAR

Signature of registrar: [signature]

DATE RECORD FILED: APR 28 1994

Registered ✓
Indexed, Dir ✓
Indirect ✓
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RESERVED FOR REGISTRAR'S USE

IMPORTANT: USE BLACK INK. MARGIN RESERVED FOR BINDING

VS 2-1/88

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD FILED WITH THE NORFOLK DEPARTMENT OF HEALTH, NORFOLK, VIRGINIA.

RAISED SEAL REQUIRED

NORFOLK VIRGINIA DEPARTMENT OF PUBLIC HEALTH

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DATE ISSUED APR. 28 1994 DEP. REGISTRAR Nelle Tofftan

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