

7/15/1966

REGISTRAR

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DEATH

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IMPORTANT: Use black ribbon in upper or print legibly with ball point pen having black unfinishing ink. This is the permanent record and subject to reproduction by microfilm and other photographic process.

FORM A

DEPARTMENT OF HEALTH—DIVISION OF VITAL RECORDS—RICHMOND

REGISTRATION NUMBER 223

FILE NUMBER 857

STATE FILE 86-024101

1. FULL NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. CITY OR TOWN OF BIRTH

7. STATE OR FOREIGN COUNTRY OF BIRTH

8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, as stated)

9. NAME OF CITY OR TOWN OF DEATH

10. NAME OF COUNTY OF DEATH

11. STREET ADDRESS OR R.T. NO. OF PLACE OF DEATH

12. COUNTY OF DECEASED'S RESIDENCE

13. STREET ADDRESS OR R.T. NO. OF RESIDENCE

14. DATE OF DEATH

15. DATE OF BURIAL

16. NAME OF CEMETERY

17. NAME OF MINISTER

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