

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

5936629

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS
COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

REGISTRATION AREA NUMBER 198	CERTIFICATE NUMBER 10	STATE FILE NUMBER 3101
1. FULL NAME OF DECEASED CORA ELIZA VIRGINIA BONHAM		2. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>
3. DATE OF DEATH Jan. 16, 1962	4. AGE OF DECEASED 68 years	5. COLOR OR RACE White
6. NAME OF HOSPITAL OR INSTITUTION OF DEATH Chitwood Memorial Hospital		7. COUNTY OF DEATH Wythe
8. CITY OR TOWN OF DEATH Wytheville	9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH Main Street	
10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia		11. COUNTY OF DECEASED'S RESIDENCE Wythe
12. CITY OR TOWN OF RESIDENCE Wytheville	13. STREET ADDRESS OR RT. NO. OF RESIDENCE Opportunity Heights	
14. NAME OF FATHER OF DECEASED Steven Alexandria Bennington		15. MAIDEN NAME OF MOTHER OF DECEASED Etta Sutherland
16. CITIZEN OF WHAT COUNTRY United States	17. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	18. IF MARRIED OR WIDOWED, NAME OF SPOUSE Ephraim Roy Bonham
19. SOCIAL SECURITY NUMBER	20. IF VETERAN, name war, or if peacetime only, so state	21. BIRTHPLACE OF DECEASED (state or county) Grayson Co., Va.
23. USUAL OR LAST OCCUPATION at home	24. KIND OF BUSINESS OR INDUSTRY	22. DATE OF BIRTH (mo) (day) (year) Aug. 22, 1893
25. INFORMANT - OR SOURCE OF INFORMATION Steven R. Bonham		
26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Myocardial Infarction with shock		4 days
DUE TO (B) Arteriosclerotic heart disease with previous myocardial infarction		2 years
DUE TO (C) Diabetes mellitus		4200-5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)		26a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	26c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER	26d. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in part I or part II)
26e. TIME OF INJURY (mo) (day) (year) A.M. _____ P.M. _____	26f. INJURY OCCURRED while <input type="checkbox"/> at work <input type="checkbox"/> not while <input type="checkbox"/> at work <input type="checkbox"/>	26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) 1
26i. I CERTIFY that I attended the deceased from Jan. 11, 1962 to Jan. 16, 1962 and that death occurred at 9:36 (AM) (PM) from the cause stated above (address - city and state) (date signed)		
ACTUAL SIGNATURE <i>Paul C. Hendrix</i> M.D.	Wytheville, Va. 1-18-62	
27. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>	28. PLACE OF BURIAL, REMOVAL, ETC. West End Cemetery, Wytheville, Va. 1-18-62	
29. Signature of funeral director or person acting as such <i>D. L. Barnett</i>		NAME OF FUNERAL HOME AND ADDRESS BARNETT FUNERAL HOME WYTHEVILLE, VIRGINIA
30. Signature of registrar <i>Pathe Blair, Deputy</i>		DATE RECORD FILED: 1-18-62

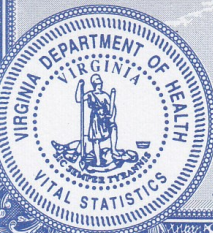
This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED **March 21, 2014**

Janet M. Rainey
Janet M. Rainey, State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

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VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

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