

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

5936630

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

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

Registration District No. 2988-0981-64 Registered No. 64

16730

1. PLACE OF DEATH a. COUNTY WYTHE		b. MAGISTERIAL DISTRICT WYTHEVILLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE VIRGINIA b. COUNTY WYTHE			
c. CITY OR TOWN WYTHEVILLE		d. IS PLACE OF DEATH INSIDE CITY OR TOWN LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		c. CITY OR TOWN WYTHEVILLE 0980		d. IS RESIDENCE INSIDE CITY OR TOWN LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
e. HOSPITAL OR INSTITUTION CHITWOOD MEMORIAL			f. LENGTH OF STAY 12 days	e. STREET ADDRESS (If rural, give mailing address) R. F. D. #4, Box 16		f. IS RESIDENCE ON A FARM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3. NAME OF DECEASED (Type or Print) a. (First) EPHRIAM		b. (Middle) ROY		c. (Last) BONHAM		4. DATE OF DEATH (Month) (Day) (Year) June 7, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 5, 1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER * SELF EMPLOYED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Smyth County, Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert Bonham				14. MOTHER'S MAIDEN NAME Nancy Thresa Roe			
15. NAME OF HUSBAND OR WIFE OF DECEASED Cora Bennington Bonham			16. SOCIAL SECURITY NO. 228-12-2570		17. INFORMANT'S SIGNATURE Mrs. E. R. Bonham		
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>Cardiovascular dysfunction</i>						INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 54							
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.		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from Nov. 27, 1957 to June 7, 1958 and last saw him alive on June 7, 1958 Death occurred at 8:40 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS Wytheville, Va.			22c. DATE SIGNED 6/12/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 9, 1958	23c. NAME OF CEMETERY OR CREMATORY West End Cemetery		23d. LOCATION (City, town or county) (State) Wytheville, Virginia			
DATE REC'D BY LOCAL REG. June 14/58		REGISTRAR'S SIGNATURE <i>[Signature]</i>		24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			
				ADDRESS BARNETT FUNERAL HOME WYTHEVILLE, VIRGINIA			

VOID IF ALTERED OR ERASED

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MEDICAL CERTIFICATION

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. VS 15B



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED