

MARGIN RESERVED FOR BINDING

n. B.—WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID) THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED, EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

1 PLACE OF DEATH		CERTIFICATE OF DEATH COMMONWEALTH OF VIRGINIA		Dr Ross 4329	
COUNTY OF <u>Smyth</u>		DEPARTMENT OF HEALTH		BUREAU OF VITAL STATISTICS	
MAGISTERIAL DISTRICT OF _____		BUREAU OF VITAL STATISTICS		REGISTRATION DISTRICT No. <u>86210</u> REGISTERED No. <u>1</u>	
OR		(TO BE INSERTED BY REGISTRAR)		(FOR USE OF LOCAL REGISTRAR)	
INC. TOWN OF <u>Sugar Grove Va</u>		CITY OF _____ (No. _____)		ST. _____ WARD _____	
OR		(If death occurred in a hospital or other institution, give its NAME instead of street and number)			
CITY OF _____		Length of residence in city or town where death occurred..... yrs..... mos..... ds..... How long in U. S., if of foreign birth?..... yrs..... mos..... ds			
2 FULL NAME <u>Robert A. Bonham</u>					
(A) RESIDENCE. No. _____		<u>Sugar Grove Va</u>		ST. _____ WARD _____	
(Usual place of abode)		(If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>m</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose E Bonham</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 14 1865</u>					
7. AGE Years Months Days IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.					
<u>66 7 16</u>					
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>				
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>✓</u>				
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____				
12. BIRTHPLACE (city or town) (State or country) <u>Grayson Co Va</u>					
FATHER	13. NAME <u>Edilum Bishop</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Grayson Co Va</u>				
MOTHER	15. MAIDEN NAME <u>Anna Beale Bishop</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Smyth Co Va</u>				
17. INFORMANT <u>Mrs. R. A. Bonham</u> (ADDRESS) <u>Sugar Grove Va</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stamps Cemetery</u> DATE <u>July 18, 1932</u>					
19. UNDERTAKER <u>W. E. Leaver</u> (ADDRESS) <u>Marion Va</u>					
20. FILED <u>Feb 22, 1932</u> <u>Mrs. Kate Horne</u> Registrar.					
21. DATE OF DEATH (month, day, and year) <u>Feb 17, 1932</u>					
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Nov. 16, 1931</u> TO <u>Feb. 17, 1932</u>					
I LAST SAW HIM ALIVE ON <u>Feb 17, 1932</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ H. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS: <u>Chronic Nephritis</u> Date of onset _____					
CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE: <u>Influenza</u>					
NAME OF OPERATION _____ DATE OF _____					
WHAT TEST CONFIRMED DIAGNOSIS? <u>HB</u> WAS THERE AN AUTOPSY? _____					
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: DATE OF ACCIDENT, SUICIDE, OR HOMICIDE? _____ INJURY _____ 1					
WHERE DID INJURY OCCUR? (Specify city or town, county, and State) _____ SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE. _____					
MANNER OF INJURY _____ NATURE OF INJURY _____					
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY _____ (SIGNED) <u>E. W. Ross</u> M. D. (ADDRESS) <u>Sugar Grove Va</u>					