

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

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

State File No. **14245**  
Registered No.

Registration District No. **X93**

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		MAGISTERIAL DISTRICT <b>Goodson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Virginia</b>		b. COUNTY <b>Washington</b>	
b. CITY OR TOWN <b>Bristol, Va.</b>		<input type="checkbox"/> Inside } Corporate Limits <input checked="" type="checkbox"/> Outside }		c. CITY OR TOWN <b>Bristol, Va.</b>		<input type="checkbox"/> Inside } Corporate Limits <input checked="" type="checkbox"/> Outside }	
c. HOSPITAL OR INSTITUTION <b>0</b>		d. LENGTH OF STAY		d. STREET ADDRESS (If rural, give mailing address) <b>Route # 2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>			b. (Middle) <b>Hopkins</b>			c. (Last) <b>Privett</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 28, 1954</b>		5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>7-24-1868</b>		9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YR. Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Car repairer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Southern Railroad</b>		11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>C.B. Privett</b>				14. MOTHER'S MAIDEN NAME <b>Rachel Sproles</b>			
15. NAME OF HUSBAND OR WIFE OF DECEASED <b>Nanie Privett</b>				17. INFORMANT'S SIGNATURE <b>Mrs. J.H. Privett</b> ADDRESS <b>Route # 2 Bristol, Va.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, as-thenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>Bronchial pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>4200</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work <input type="checkbox"/> at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>1</b>			
22. I hereby certify that I attended the deceased from <b>6/20</b> , 19 <b>54</b> , to <b>6/28</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>6/28</b> , 19 <b>54</b> , and that death occurred at <b>3<sup>00</sup> P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John O. Mary</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Bristol, Tenn.</b>		23c. DATE SIGNED <b>7/7/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-30-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Benhams, Va.</b>	
DATE REC'D BY LOCAL REG. <b>7-15-54</b>		REGISTRAR'S SIGNATURE <b>Alice Faircloth Deputy State Reg.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>AKand Funeral Home</b> ADDRESS <b>Bristol, Tenn.</b>			