

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

COPY A
FOR BUREAU OF
VITAL STATISTICS

REGISTRATION AREA NUMBER 180	CERTIFICATE NUMBER 233	STATE FILE NUMBER 28533
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DECEDENT	1. FULL NAME OF DECEASED (first) (middle) (last) Mrs. Nannie Eads Privett			2. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>	
	3. DATE OF DEATH (mo) (day) (year) Oct. 30, 1962		4. AGE OF DECEASED 82 years		5. COLOR OR RACE White

PLACE OF DEATH	6. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if rural, so state) Catawba Sanatorium			7. COUNTY OF DEATH Roanoke County		
	8. CITY OR TOWN OF DEATH (if rural, so state) inside city or town limits? Catawba, Virginia yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH Catawba Sanatorium		

USUAL RESIDENCE OF DECEDENT	10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia			11. COUNTY OF DECEASED'S RESIDENCE Washington		
	12. CITY OR TOWN OF RESIDENCE inside city or town limits? Bristol, Va. yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			13. STREET ADDRESS OR RT. NO. OF RESIDENCE Route # 4 195		

PERSONAL DATA OF DECEDENT	14. NAME OF FATHER OF DECEASED William King Eads		15. MAIDEN NAME OF MOTHER OF DECEASED Sally Mitchel Eads			
	16. CITIZEN OF WHAT COUNTRY USA.		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 Joseph H. Privett	
	20. IF VETERAN, name war, or if peacetime only, so state		21. BIRTHPLACE (state or country) OF DECEASED Virginia		22. DATE OF BIRTH (mo) (day) (year) OF DECEASED 7-31-1880	
	23. USUAL OR LAST OCCUPATION Housewife		24. KIND OF BUSINESS OR INDUSTRY Home		25. INFORMANT - OR SOURCE OF INFORMATION Mrs. A. I. Rutter Bristol, Va.	

MEDICAL CERTIFICATION	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) Chronic fibrinous pericarditis			3 months			
	DUE TO (B) Unknown cause						
	DUE TO (C) Pulmonary tuberculosis			4010-1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)						26a. AUTOPSY? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
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. (city or town) (county) (state)	
26e. TIME OF INJURY (mo) (day) (year) A.M. _____ P.M. _____		26f. INJURY OCCURRED white <input type="checkbox"/> at work <input type="checkbox"/> not white <input type="checkbox"/> at work <input type="checkbox"/>		26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)		26h. (city or town) (county) (state)	

26i. I CERTIFY that I attended the deceased from **Aug. 26, 1961** to **Oct. 30, 1962** and that death occurred at **7:40 a.m.** (AM) (PM) from the cause stated above (address - city and state) (date signed)

ACTUAL SIGNATURE Joseph Chomicki	Joseph Chomicki, M. D.	M. D. Catawba Sanatorium, Catawba, Va.
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FUNERAL DIRECTOR	27. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>	28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) Cedar Grove R. F. D. Bristol, Va.
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REGISTRAR	29. (signature of funeral director or person acting as such) Henry H. Jones	NAME OF FUNERAL HOME AND ADDRESS: Akard Fun. Home Bristol, Tenn.
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REGISTRAR	30. (signature of registrar) Deputy	DATE RECORD FILED: 11-5-62
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MARGIN RESERVED FOR BINDING
 IMPORTANT: Use black ribbon in transmitter or print legibly with ball point pen having dark unfading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.