

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH— DIVISION OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A

FOR BUREAU OF VITAL RECORDS

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| REGISTRATION AREA NUMBER 201 | CERTIFICATE NUMBER 109 | STATE FILE NUMBER 83-021696 |
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| DECEDENT 1 | 1. FULL NAME OF DECEASED (first) (middle) (last) FINA ESTELLE PRIVETTE | 2. SEX male female <input type="checkbox"/> <input checked="" type="checkbox"/> | 3. RACE WHITE |
| | 4. DATE OF DEATH (mo.) (day) (year) 7-14-83 | 5. AGE 71 years | 6. DATE OF BIRTH (mo.) (day) (year) 8-1-11 |

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| PLACE OF DEATH 01 3 | 8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) BRISTOL MEMORIAL HALL | DOA <input type="checkbox"/> OUT PAT/ Emer. Rm. <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> | 9. COUNTY OF DEATH (if independent city, leave blank) |
| | 10. CITY OR TOWN OF DEATH BRISTOL | inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/> | 11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH NORTH STREET |

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| USUAL RESIDENCE OF DECEASED 543 782 | 12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE TENNESSEE | 13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank) SULLIAVN |
| | 14. CITY OR TOWN OF RESIDENCE BRISTOL | 15. STREET ADDRESS OR RT. NO. OF RESIDENCE APT. 8 MEADOWVIEW TRLR. PK. |

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| PERSONAL DATA OF DECEASED 547 3 | 16. NAME OF FATHER OF DECEASED JOE LOWE | 17. MAIDEN NAME OF MOTHER OF DECEASED MARTHA MILLER |
| | 18. CITIZEN OF WHAT COUNTRY U.S.A. | 19. BIRTHPLACE (state or country) VIRGINIA |

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| MEDICAL CERTIFICATION | 20. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) CARSON PRIVETTE |
| | 23. USUAL OR LAST OCCUPATION HOUSEWIFE | 24. KIND OF BUSINESS OR INDUSTRY DOMESTIC |

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| TO PHYSICIAN: | 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) <i>Cardiovascular disease</i> DUE TO (B) <i>COPD</i> DUE TO (C) <i>ASCLD</i> | |

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| MEDICAL CERTIFICATION | 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 RELATING TO DEATH OCCURRED <i>Stroke, septemia, obesity</i> |
| | 26e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____ | 26f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/> | 26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) |

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| FUNERAL DIRECTOR | 26i. To the best of my knowledge, death occurred at _____ (a.m.) (p.m.) on the date and place and from the cause(s) stated. | DATE SIGNED: |
| | ACTUAL SIGNATURE <i>Thomas W. Green</i> | |

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| REGISTRAR | 27. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) CEDAR GROVE CEMETERY BRISTOL, VIRGINIA |
| | 29. (Signature of funeral director or person legally filing this certificate) <i>Clyde L. Carr</i> | NAME OF FUNERAL HOME AND ADDRESS: WEAVER FUNERAL HOME 630 LOCUST STREET BRISTOL, TENN. |

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| 30. (Signature of registrar) <i>Allie Baker</i> | DATE RECORD FILED: 7-21-83 |
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MARGIN RESERVED FOR BINDING

IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen having black unbleeding 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 1 and notify registrar of final decision as soon as possible.

VS 28/81