

# CERTIFIED COPY OF DEATH RECORD

## COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

FOR LOCAL HEALTH DEPARTMENT	REGISTRATION AREA NUMBER <b>220</b>	CERTIFICATE NUMBER <b>840</b>	STATE FILE NUMBER
DECEDENT	1. FULL NAME OF DECEASED (first) (middle) (last) <b>Mary Neely Neal</b>		2. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>
	3. RACE <b>Cauc.</b>		
PLACE OF DEATH	4. DATE OF DEATH (mo.) (day) (year) <b>Aug. 17, 1979</b>	5. AGE <b>68</b> years	6. DATE OF BIRTH (mo.) (day) (year) <b>Feb. 19, 1911</b>
	7. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
USUAL RESIDENCE OF DECEASED	8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) <b>Maryview Hospital</b>		9. COUNTY OF DEATH (If independent city, leave blank) <b>Portsmouth</b>
	10. CITY OR TOWN OF DEATH <b>Portsmouth</b>		11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH <b>3636 High St.</b>
PERSONAL DATA OF DECEASED	12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE <b>Virginia</b>		13. COUNTY OF DECEASED'S RESIDENCE (If independent city, leave blank) <b>Portsmouth</b>
	14. CITY OR TOWN OF RESIDENCE <b>Portsmouth</b>		15. STREET ADDRESS OR RT. NO. OF RESIDENCE <b>206 Lakeside Drive</b>
MEDICAL CERTIFICATION	16. NAME OF FATHER OF DECEASED <b>George A. Neely</b>		17. MAIDEN NAME OF MOTHER OF DECEASED <b>Martha Spears</b>
	18. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		19. BIRTHPLACE (state or country) <b>Tenn.</b>
TO PHYSICIAN:	20. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>		21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (If divorced leave blank) <b>Robert Earl Neal</b>
	22. SOCIAL SECURITY NUMBER <b>247-22-7203</b>		23. USUAL OR LAST OCCUPATION <b>Homemaker</b>
FUNDAMENTAL DATA OF DECEASED	24. KIND OF BUSINESS OR INDUSTRY <b>-</b>		25. INFORMANT - OR SOURCE OF INFORMATION <b>Robert Earl Neal (Husband)</b>
	26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Metastatic Carcinoma</b> DUE TO (B) _____ DUE TO (C) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) _____		INTERVAL BETWEEN ONSET AND DEATH <b>10/10</b>
FUNDAMENTAL DATA OF DECEASED	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"/> CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER
	26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED		
FUNDAMENTAL DATA OF DECEASED	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.)		26h. (city or town) (county) (state)
FUNDAMENTAL DATA OF DECEASED	26i. To the best of my knowledge, death occurred at <b>2:45</b> (a.m.) (p.m.) on the date and place and from the cause(s) stated		
	ACTUAL SIGNATURE <b>Terry P. Yarbrough</b> DATE SIGNED <b>8/20/79</b>		
FUNDAMENTAL DATA OF DECEASED	NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Dr. Terry P. Yarbrough</b>		ADDRESS OF ATTENDING PHYSICIAN <b>3300 High Street Portsmouth, Va.</b>
	27. BURIAL REMOVAL CREMATION <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) <b>Greenlawn Cemetery Great Falls, S.C.</b>
FUNDAMENTAL DATA OF DECEASED	29. (Signature of funeral director or person legally filling this certificate) <b>William R. Gardner</b>		NAME OF FUNERAL HOME AND ADDRESS <b>Sturtevant Funeral Home Portsmouth, Virginia</b>
	30. (Signature of registrar) <b>Frederick L. McJannet</b>		DATE RECORD FILED <b>AUG 21 1979</b>

This is to certify that this is a true and correct reproduction of the original record filed with the Portsmouth Department of Health, Portsmouth, Virginia.

Date issued SEP 17 1979

(SEAL) Frederick L. McJannet Deputy Registrar