

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

14002

Registration No. 200 Registered No. 200

1. AGE OF DEATH COUNTY		b. MAGISTERIAL DISTRICT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)			
CHESTERFIELD		MANCHESTER		a. STATE		b. COUNTY	
CITY OR TOWN		d. IS PLACE OF DEATH INSIDE CITY OR TOWN LIMITS?		c. CITY OR TOWN		6. IS RESIDENCE INSIDE CITY OR TOWN LIMITS?	
RICHMOND		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NEW CANTON		YES <input type="checkbox"/> NO <input type="checkbox"/>	
HOSPITAL OR INSTITUTION		f. LENGTH OF STAY		e. STREET ADDRESS (If rural, give mailing address)		f. IS RESIDENCE ON A FARM?	
TERNS ADMINISTRATION HOSPITAL		70 DAYS		-		YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. SEX OF DECEASED (Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)					
FEMALE		VERNON		EDGE L		BICKFORD		MAY		6,		1960	
5. COLOR OR RACE		7. MARRIED		NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS	
WHITE		WIDOWED <input type="checkbox"/>		DIVORCED <input type="checkbox"/>		8-17-20		39		Months		Days	

10. OCCUPATION (Give kind of work or most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY			
CONSTRUCTION		-		HELLIER, KENTUCKY				USA			
13. NAME OF HUSBAND OR WIFE OF DECEASED				14. MOTHER'S MAIDEN NAME				17. INFORMANT'S SIGNATURE			
FROZEN BICKFORD				DOVIE COMPTON (L)				MRS. JEAN F. BICKFORD - WIDOW			
16. SOCIAL SECURITY NO.				18. ADDRESS							
233-18-0023				NEW CANTON, VIRGINIA							

15. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)								INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a)		ADVANCED CARCINOMATOSIS						10 MONTHS			
DUE TO (b)		CARCINOMA OF STOMACH									
DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

16. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.]					
17. TIME OF INJURY (Hour, Month, Day, Year a.m. p.m.)		20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
				NEW CANTON		CHESTERFIELD		VIRGINIA			

18. DECEASED DIED FROM		FEB. 26, 1960		to		MAY 6, 1960		and last saw him alive on		MAY 6, 1960	
19. TIME OF DEATH		8:45 A.M.		m on the date stated above; and to the best of my knowledge, from the causes stated.							
21. SIGNATURE		(Degree or title)		22b. ADDRESS		22c. DATE SIGNED					
J. P. MISTAL, M.D.		SUGGESTED SERVICE		VA HOSPITAL, RICHMOND, VA.		5-9-60					

23. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town or county)		(State)					
5-6-60		ZION BAPTIST CHURCH CEMETERY		NEW CANTON		VIRGINIA					
24. LOCAL REG. REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS							
J. P. MISTAL, Deputy		[Signature]		300 E. Main Street				RICHMOND, VIRGINIA			