

2267

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH  
DEPARTMENT OF HEALTH - BUREAU OF VITAL RECORDS AND HEALTH STATISTICS - RICHMOND

Vol. 25 Page 7367

216		5/16	
1. FULL NAME OF DECEASED L. L. L.			
2. DATE OF DEATH (month) (day) (year) MAY 26, 1974		3. AGE OF DECEASED 16	
4. NAME OF HOSPITAL OR INSTITUTION OF DEATH RIVERSIDE HOSPITAL			
5. CITY OR TOWN OF DEATH NEWPORT NEWS		6. STATE OF DEATH VIRGINIA	
7. CITY OR TOWN OF RESIDENCE NEWPORT NEWS		8. STATE OF RESIDENCE VIRGINIA	
9. NAME OF FATHER OF DECEASED JAMES W. DRELL		10. DECEASED CITIZEN OF WHAT COUNTRY US	
11. SOCIAL SECURITY NUMBER		12. IF VETERAN, name war or if peace time only, so state	
13. USUAL OR LAST OCCUPATION HOUSEWIFE		14. KIND OF BUSINESS OR INDUSTRY NONE	
15. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C)) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <u>CIRRHOSIS (TERMINAL)</u> DUE TO (B) <u>HEPATO-RENAL</u> Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last: DUE TO (C) <u>SYNDROME</u> PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)			
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 DUE TO <input type="checkbox"/> TO CAUSE OF DEATH NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER	
26d. TIME OF INJURY (mo) (day) (year) A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>		26e. INJURY OCCURRED while <input type="checkbox"/> at work <input type="checkbox"/> not while <input type="checkbox"/> at work <input type="checkbox"/>	
26f. PLACE OF INJURY (home, farm, (26h) (city or town) (county) (state) factory, street, office bldg., etc.)			
26g. I CERTIFY that I attended the deceased from (date) <u>3-1-74</u> to <u>5-26-74</u> and that death occurred at <u>1:58</u> (A.M./P.M.) from the cause stated above. ACTUAL SIGNATURE <u>[Signature]</u> ADDRESS: <u>316 N. 11th St. N.W.</u> DATE SIGNED <u>6-12-75</u>			
27. BURIAL, CREMATION, REMOVAL, ETC. <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL, ETC.		28. PLACE OF BURIAL, REMOVAL, ETC. PENINSULA CEMETERY, NEWPORT NEWS, VA	
29. NAME OF FUNERAL HOME AND ADDRESS HARRIS FUND, NEWPORT NEWS, VA		DATE RECORD FILED 6-12-75	

RECEIVED JUN 30 1975

This is to certify that this is a true and correct reproduction of the original record on file in the Newport News Health Department Newport News, Virginia.

DATE 6/12/75

[Signature] (Deputy) Registrar of Vital Statistics  
Newport News, Virginia

VOID IF ALTERED OR DOES NOT BEAR IMPRESSED SEAL OF REGISTRAR

Return: - R. E. Chamberlen  
6 Joan Dr.,  
Hampton Va 23666

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of R. E. CHAMBERLEN  
this 30th day of JUNE A. D., 1975 at 12:20 o'clock P. M., and duly recorded in  
Vol. M 75 of DEEDS on Page 7367

FEE \$ 2.00

By [Signature] WM. D. MILNE, County Clerk  
Deputy