

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

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

COPY A

FOR BUREAU OF
VITAL RECORDSREGISTRATION
AREA NUMBER

220

CERTIFICATE
NUMBER

1137

STATE FILE
NUMBER

83-034373

DECEDENT

1. FULL NAME
OF DECEASED(first) (middle) (last)
WILLIAM LUTHER JORDAN

2. SEX male female

3. RACE

CAU.

4. DATE OF (mo.) (day) (year)
DEATH

OCT. 20th, 1983

5. AGE

77 years

IF UNDER 1 YEAR
months daysIF UNDER 1 DAY
hours minutes6. DATE OF (mo.) (day) (year)
BIRTH

DEC. 23, 1905

7. WAS DECEDENT
EVER IN U.S.
ARMED FORCES? yes no PLACE OF
DEATH

8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state)

MARYVIEW HOSPITAL

DOA

OUT PAT/
Emer. Rm.

Inpatient

9. COUNTY OF DEATH

(if independent city, leave blank)

10. CITY OR TOWN OF DEATH

PORTSMOUTH

inside city or town limits?

yes no

11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH

3636 HIGH STREET

USUAL
RESIDENCE
OF DECEDENT

12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE

VIRGINIA

13. COUNTY OF DECEASED'S RESIDENCE

(if independent city, leave blank)

14. CITY OR TOWN OF RESIDENCE

PORTSMOUTH,

inside city or town limits?

yes no

15. STREET ADDRESS OR RT. NO. OF RESIDENCE

330 McLEAN STREET

ZIP CODE

23701

PERSONAL
DATA OF
DECEDENT

16. NAME OF FATHER OF DECEASED

HOLLOWAY JORDAN

17. MAIDEN NAME OF MOTHER OF DECEASED

SARAH BRACKINS

18. CITIZEN OF WHAT COUNTRY

U.S.A.

19. BIRTHPLACE (state or country)

BENTON CO, TENN.

20. NEVER MARRIED DIVORCED MARRIED WIDOWED 21. IF MARRIED OR WIDOWED, NAME OF SPOUSE
(if divorced leave blank)

BEULAH LEON McEWEN JORDAN

23. USUAL OR LAST OCCUPATION

RET.

24. KIND OF BUSINESS OR INDUSTRY

WELDER

25. INFORMANT—OR SOURCE OF INFORMATION

BEULAH LEON McEWEN JORDAN

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).
PART I. DEATH WAS CAUSED BY:

Respiratory Failure

IMMEDIATE CAUSE (A)

Respiratory failure
Pneumonia

DUE TO (B)

pneumonia

Conditions, if any, which gave rise
to immediate cause (A), stating the
underlying cause last.

DUE TO (C)

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE CONDITION GIVEN IN PART I (A)26a. AUTOPSY?
AUTHORIZED BY:yes no 26b. IF FEMALE, WAS THERE A PREGNANCY
IN PAST 3 MONTHS?yes no unknown 26c. IF EXTERNAL CAUSE, IT WAS
PRIMARY or CONTRIBUTING TO CAUSE OF DEATH
NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER

26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED

26e. TIME OF INJURY (mo.) (day) (year)
A.M.
P.M.

26f. INJURY OCCURRED

while not while

at work at work

26g. PLACE OF INJURY (home, farm,
factory, street, office bldg., etc.)

26h. (city or town)

(county)

(state)

26i. To the best of my knowledge, death occurred at 2:20 P.M. (a.m.) (p.m.) on the date and place and from the cause(s) stated.

ACTUAL
SIGNATURE

DATE SIGNED:

10-21-83

NAME OF ATTENDING PHYSICIAN (Type or Print)

Eric J. Freeman, M.D.

ADDRESS OF ATTENDING PHYSICIAN

4041 Taylor Road, Chesapeake, Va. 23321

FUNERAL
DIRECTOR

27. BURIAL REMOVAL CREMATION

 28. PLACE
OF BURIAL,
REMOVAL, ETC.(name of cemetery or crematory) (city or county) (state)
PLEASANT HILL BAPTIST CH.CEM. BENTON CO. TENN.

29. (Signature of funeral director or person legally filing this certificate)

NAME OF FUNERAL HOME AND

ADDRESS: B.W. FOSTER FUNERAL HOME, INC.
1926 HIGH ST. PORTS, VA. 23704

REGISTRAR

30. Signature of registrar

DATE RECORD
FILED:

OCT 25 1983

MARGIN RESERVED FOR BINDING
IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen having black unfading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.TO
PHYSICIAN:
Complete and sign
medical certification
(item 26) and return
both copies to funeral
director as soon as
possible after
determination
of cause.NOTE: If
"Pending" must be
indicated, so state in
part 1 and notify regis-
trar of final decision
as soon as possible.

MEDICAL CERTIFICATION

VS 28/81