

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

14062

Registration District No. 200 Registered No. 200

1. PLACE OF DEATH a. COUNTY CHESTERFIELD		b. MAGISTERIAL DISTRICT MANCHESTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE VIRGINIA		b. COUNTY BUCKINGHAM		
c. CITY OR TOWN RICHMOND		d. IS PLACE OF DEATH INSIDE CITY OR TOWN LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN NEW CANTON		d. IS RESIDENCE INSIDE CITY OR TOWN LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
e. HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		f. LENGTH OF STAY 70 DAYS		e. STREET ADDRESS (If rural, give mailing address) 114		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) VERNON			b. (Middle) EDGE			c. (Last) BICKFORD		
4. DATE OF DEATH (Month) (Day) (Year) MAY 6, 1960			5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH 8-17-20		9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) HELLIER, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME ELSON BICKFORD (D)				14. MOTHER'S MAIDEN NAME DOVIE COMPTON (L)				
15. NAME OF HUSBAND OR WIFE OF DECEASED JEAN FROYEN BICKFORD				16. SOCIAL SECURITY NO. 233-18-0023		17. INFORMANT'S SIGNATURE MRS. JEAN F. BICKFORD -WIDOW		
						ADDRESS NEW CANTON, VIRGINIA		

18. 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 10 MONTHS
IMMEDIATE CAUSE (a) ADVANCED CARCINOMATOSIS		
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"/>

20a. 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.]	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from **FEB. 26, 1960** to **MAY 6, 1960** and last saw him alive on **MAY 6, 1960**
 Death occurred at **8:45 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George B. Trons (Degree or title) GEORGE B. TRONS M.D. SURGICAL SERVICE		22b. ADDRESS VA HOSPITAL, RICHMOND, VA.		22c. DATE SIGNED 5-9-60	
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-6-60		23c. NAME OF CEMETERY OR CREMATORY MT. ZION BAPTIST CHURCH CEMETERY		23d. LOCATION (City, town or county) (State) NEW CANTON VIRGINIA	
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DATE REC'D BY LOCAL REG. May 25, 1960		REGISTRAR'S SIGNATURE J.P. Mistal, Deputy		24. FUNERAL DIRECTOR'S SIGNATURE Joseph W. Bliley Co. J.M.F.		ADDRESS 300 E. Marshall St. RICHMOND, VIRGINIA	
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MEDICAL CERTIFICATION