

## COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH

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

REGISTRATION AREA NUMBER	CERTIFICATE NUMBER <b>103</b>	STATE FILE NUMBER <b>66 004054</b>		
1. FULL NAME OF DECEASED (first) (middle) (last) <b>EDGAR GARLAND BRAXTON</b>			2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	
3. DATE OF DEATH (mo.) (day) (year) <b>Feb. 25, 1966</b>	4. AGE OF DECEASED <b>65</b> years	IF UNDER 1 YEAR months days	IF UNDER 1 DAY hours minutes	5. COLOR OR RACE <b>White</b>
6. NAME OF HOSPITAL OR INSTITUTION OF DEATH <b>None</b>		7. COUNTY OF DEATH (if independent city, leave blank)		
8. CITY OR TOWN OF DEATH (if rural, so state) <b>Norfolk</b>		Inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH <b>262 1/2 Portview Avenue</b>	
10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE <b>Virginia</b>		11. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank)		
12. CITY OR TOWN OF RESIDENCE <b>Norfolk</b>		Inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	13. STREET ADDRESS OR RT. NO. OF RESIDENCE <b>262 1/2 Portview Avenue</b>	
14. NAME OF FATHER OF DECEASED <b>John Braxton</b>		15. MAIDEN NAME OF MOTHER OF DECEASED <b>Don't Know</b>		
16. DECEASED CITIZEN OF WHAT COUNTRY <b>USA</b>	17. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	18. IF MARRIED OR WIDOWED, NAME OF SPOUSE <b>Alene Marlette Braxton</b>		
19. SOCIAL SECURITY NUMBER <b>-</b>	20. IF VETERAN, name war, or if peacetime only, so state <b>-</b>	21. BIRTHPLACE OF DECEASED (state or country) <b>Snow Camp, N. C.</b>	22. DATE OF BIRTH (mo.) (day) (year) <b>June 10, 1900</b>	
23. USUAL OR LAST OCCUPATION <b>Retired</b>	24. KIND OF BUSINESS OR INDUSTRY <b>Professional Baseball</b>	25. INFORMANT — OR SOURCE OF INFORMATION <b>Mrs. Alene M. Braxton</b>		
27. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Coronary Occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH
DUE TO (B) _____ Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last. DUE TO (C) <b>4201</b>				
28. PART 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 <input type="checkbox"/> no <input checked="" type="checkbox"/>
29. 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"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER		26b. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in part I or part II)
30. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____		26d. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	26e. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	26f. (city or town) (county) (state)
31. DECEASED (if not attended the deceased from <b>10/24/59</b> to <b>2/25/66</b> and that death occurred at <b>1:00 A.M.</b> (A.M.) (P.M.) from the cause stated above				
32. SIGNATURE OF REGISTRAR <b>W. G. Cofer</b>			33. ADDRESS (CITY AND STATE) <b>Norfolk, Virginia</b>	34. DATE SIGNED <b>2/26/66</b>
35. REMOVAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		23. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) <b>Woodlawn Memorial Gardens, Norfolk, Virginia</b>		
36. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>T. Craven</b>		37. NAME OF FUNERAL HOME AND ADDRESS <b>Hollomon-Brown Funeral Home, Inc. Norfolk, Virginia</b>		
38. SIGNATURE OF REGISTRAR <b>W. G. Cofer</b>		39. DATE RECORD FILED <b>2-28-66</b>		