

**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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN		6. IS RESIDENCE INSIDE CITY OR TOWN LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
RICHMOND				NEW CANTON			
HOSPITAL OR INSTITUTION		f. LENGTH OF STAY		e. STREET ADDRESS (If rural, give mailing address)		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
TERNS ADMINISTRATION HOSPITAL		70 DAYS				114	

3. NAME OF DECEASED (Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)			
VERNON		EDGE		L		BICKFORD		MAY 6, 1960			
6. COLOR OR RACE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS	
WHITE				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				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE					
FROZEN BICKFORD				233-18-0023		MRS. JEAN F. BICKFORD - WIDOW					
						ADDRESS NEW CANTON, VIRGINIA					

18. 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) <u>ADVANCED CARCINOMATOSIS</u>											
DUE TO (b) <u>CARCINOMA OF STOMACH</u>								10 MONTHS			
DUE TO (c) <u>151</u>											
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.]											
21. TIME OF INJURY (Hour, Month, Day, Year a.m. p.m.)		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. CITY, TOWN, OR LOCATION				COUNTY		STATE	
						NEW CANTON				CHESTERFIELD		VIRGINIA	

22. Date died the deceased from		FEB. 26, 1960		to		MAY 6, 1960		and last saw him alive on		MAY 6, 1960	
23. Time occurred at		8:45 A.M.		m on the date stated above; and to the best of my knowledge, from the causes stated.							
24. SIGNATURE				25. ADDRESS				22c. DATE SIGNED			
J. P. Mistal, M.D. SURGEON				VA HOSPITAL, RICHMOND, VA.				5-9-60			

26. INFORMATION (Specify)		27. DATE		28. NAME OF CEMETERY OR CREMATORY		29. LOCATION (City, town or county)		22c. DATE SIGNED			
		5-6-60		ZION BAPTIST CHURCH CEMETERY		NEW CANTON		VIRGINIA			
30. LOCAL REG. NO.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS			
200, 1960		J. P. MISTAL, Deputy		300 E. Main Street				RICHMOND, VIRGINIA			