

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

 Registration District No. 652A

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

 State File No. 1836
 Registered No. 2

1. PLACE OF DEATH a. COUNTY <u>Northampton</u>		MAGISTERIAL DISTRICT <u>Capeville</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Virginia</u> b. COUNTY <u>Northampton</u>	
b. CITY OR TOWN <u>Oyster</u>		<input type="checkbox"/> Inside } Corporate Limits <input checked="" type="checkbox"/> Outside }		c. CITY OR TOWN <u>Jouansea</u>	
c. HOSPITAL OR INSTITUTION <u>NONE</u>		d. LENGTH OF STAY		d. STREET ADDRESS (If rural, give mailing address)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marvin</u> b. (Middle) c. (Last) <u>Costin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23-1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12/23/1897</u>	9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YR. IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coast Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Plantation</u>	
13. FATHER'S NAME <u>E. L. Costin</u>			14. MOTHER'S MAIDEN NAME <u>Ella Jones</u>		
15. NAME OF HUSBAND OR WIFE OF DECEASED <u>Sally Corona</u>			17. INFORMANT'S SIGNATURE		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, as-thenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		MEDICAL CERTIFICATION <u>died suddenly of Coronary occlusion</u> <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>James J. Ford M.D. Coroner</u>			23b. ADDRESS <u>Cheriton Va</u>		23c. DATE SIGNED <u>1/23/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Capeville cent.</u>	
24d. LOCATION (City, town, or county) (State) <u>Capeville, Va.</u>		DATE REC'D BY LOCAL REG. <u>Jan. 24, 50</u>		REGISTRAR'S SIGNATURE <u>J. M. Lynch</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry M. Johnson</u>		ADDRESS <u>Parksley, Va.</u>		LOCAL REGISTRAR'S SIGNATURE <u>Cape Charles Va. 094A</u>	