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Emma Buck Marriage License

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14865

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH
COUNTY OF _____
MAGISTERIAL DISTRICT OF _____
OR
INC. TOWN OF _____
OR
CITY OF Charlottesville

REGISTRATION DISTRICT No. 2010 REGISTERED No. 80
(TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)
(No. _____) (St. _____) (WARD _____)
(If death occurred in a hospital or other institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Vivian Alice Elaine
(A) RESIDENCE No. 150 Ernst St. ST. _____ WARD _____
(Usual place of abode) Charlottesville Va (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (month, day, and year) Mar 28 1924

7. AGE Years 8 Months 3 Days 6 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Student

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (city or town) Charlottesville Va (State or country)

13. NAME Deat Kueser

14. BIRTHPLACE (city or town) Adopted Child (State or country)

15. MAIDEN NAME Deat Kueser

16. BIRTHPLACE (city or town) _____ (State or country)

17. INFORMANT J. T. Dobbs (ADDRESS) Charlottesville Va

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood DATE July 5, 1932

19. UNDERTAKER (ADDRESS) Charlottesville Va

20. FILED 7-5-32 Arthur Davis Registrar. E. S. McSwale

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 3 1932

I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM June 27 1932 TO July 3 1932

I LAST SAW HIM ALIVE ON July 2 1932, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ E.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS:

Enteric Colitis June 27 1932

120

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE:

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: DATE OF _____ INJURY _____

ACCIDENT, SUICIDE, OR HOMICIDE? _____ WHERE DID INJURY OCCUR? _____ (Specify city or town, county, and State)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

MANNER OF INJURY _____ NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____

IF SO, SPECIFY Colitis M. D. _____

(SIGNED) Arthur Davis (ADDRESS) Charlottesville Va

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the State Department of Health, Richmond, Virginia.

FEB 22 1984
Date Issued

Russell E. Booker, Jr.
RUSSELL E. BOOKER, JR., State Registrar

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Section 32.1-272, Code of Virginia, as Amended.