

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

5644267 **COMMONWEALTH OF VIRGINIA**
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

CERTIFICATE OF DEATH COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS		Date Filed <u>20251</u> Registered No. <u>106</u>
Department of Commerce Bureau of the Census		
1. PLACE OF DEATH (a) County <u>Augusta, Co.</u> Registrar District No. <u>73-B</u> (b) Magisterial district <u>South River Dis.</u> (c) City or town _____ (d) Name of hospital or institution <u>District Home</u> (e) Length of stay in hosp. or inst. <u>9 Mos.</u> in this community (Specify whether years, months, or days) (f) Is place of death within corporate limits? <u>No.</u>		2. USUAL RESIDENCE OF DECEASED (a) State <u>Virginia</u> (b) County <u>Albemarle County</u> (c) City or town <u>Charlottesville, Virginia</u> (d) Street No. <u>Park View Apts., Park High St.</u> (e) Is place of residence within corporate limits? <u>Yes</u> (f) If foreign birth, how long in U. S. A? _____
(a) Full name <u>Lawrence Rowlanders Goodman</u> (b) If veteran, name war _____ (c) Social security number <u>No.</u> (Answer only if card is available)		MEDICAL CERTIFICATION 20. Date of death <u>October 7th, 1940</u> Time <u>7:40</u> (Month by name) (Day) (Year) (Hour)
21. I hereby certify that I attended the deceased from <u>Feb 1, 1938</u> to <u>Oct 7, 1940</u> and that death occurred at the place of death stated above. Signature <u>[Signature]</u> Duration <u>2 1/2</u>		Physician certifying cause of death should be stamped and dated.
2. (a) Sex <u>Male</u> (b) Color or race <u>White</u> (c) (a) Single, married, widowed, divorced, <u>Widow</u>		
3. (a) Name of husband or wife <u>Mrs. Lawrence H. Goodman</u> 4. Date of birth of deceased <u>Nov 18th, 1869</u> (Month by name) (Day) (Year) 5. Age at death <u>70 1/2</u> Months <u>8 1/2</u> Days <u>19</u> Hours _____ Minutes _____ 6. Birthplace <u>Cumberland, Co., North Carol</u> (City, town, or county) (State or foreign country) 7. Usual occupation <u>Weaver</u> 8. Industry or business <u>Albemarle Weaving Mills</u>		22. If death was due to external causes list in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? (City or town) _____ (County) _____ (State) _____ (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) While at work? _____ (e) Means of injury _____
9. (a) Name <u>A. J. Goodman</u> (b) Birthplace <u>Robinson, Co., North Carolina</u> (City, town, or county) (State or foreign country) 10. Maiden name <u>Isabella Brown</u> 11. Birthplace <u>Cumberland Co., North Carolina</u> (City, town or county) (State or foreign country)		23. Signature <u>[Signature]</u> M. D. Class _____ Address <u>Waynesboro, Va.</u>
12. (a) Informant's own signature <u>Mrs. L. H. Naylor</u> (b) Address <u>District Home - W'boro, Va.</u> 13. (a) Burial, cremation, or removal? <u>Burial</u> (b) <u>Waynesboro, Va.</u> Date <u>Oct. 9/40</u> (Month by name) (Day) (Year) Signature of <u>Etter Funeral Home</u> 14. (a) Funeral director <u>Etter Funeral Home</u> (b) Address <u>618 W. Main St., W'boro, Va.</u> 15. (a) Filed <u>Oct 8, 1940</u> (b) <u>Mrs. C. C. Chambers</u> (Date received by reg.) (Local, deputy, or sub-registrar's own signature)		24. Signature _____ M. D. Class _____ Address _____

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



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

DATE ISSUED **June 17, 2013**

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

Janet M. Rainey, State Registrar

VS 15B

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED