

## COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH

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

COPY A

FOR BUREAU OF  
VITAL STATISTICSREGISTRATION  
AREA NUMBER 203CERTIFICATE  
NUMBER 269STATE FILE  
NUMBER

73-026747

DECEDENT	1. FULL NAME OF DECEASED (first) (middle) (last) Hester Shelby Austin				2. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>	
	3. DATE OF DEATH (mo.) (day) (year) Sept. 6, 1973	4. AGE OF DECEASED 79 years	5. UNDER 1 YEAR months days	6. UNDER 1 DAY hours minutes	5. COLOR OR RACE white	
PLACE OF DEATH	8. NAME OF HOSPITAL OR INSTITUTION OF DEATH The Towers Hospital			7. COUNTY OF DEATH (if independent city, leave blank)		
	8. CITY OR TOWN OF DEATH 102 Charlottesville			9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 1214 Jefferson Park Ave.		
USUAL RESIDENCE OF DECEDENT	10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia			11. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank)		
	12. CITY OR TOWN OF RESIDENCE Charlottesville			13. STREET ADDRESS OR RT. NO. OF RESIDENCE 701 East High Street		ZIP CODE 22901
PERSONAL DATA OF DECEDENT	14. NAME OF FATHER OF DECEASED Charles Shelby		15. MAIDEN NAME OF MOTHER OF DECEASED Hester Baker			
	16. DECEASED CITIZEN OF WHAT COUNTRY U. S. A.	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, IF DIVORCED, LEAVE BLANK. Albert P. Austin			
MEDICAL CERTIFICATION	23. USUAL OR LAST OCCUPATION Public School Teacher		24. KIND OF BUSINESS OR INDUSTRY Retired		25. INFORMANT OR SOURCE OF INFORMATION Mr. Albert P. Austin Charlottesville, Va.	
	22. DATE OF BIRTH (mo.) (day) (year) OF DECEASED March 15, 1894		21. BIRTHPLACE (state or country) OF DECEASED Memphis, Tennessee		20. IF VETERAN, name war, or if peacetime only, so state -	
TO PHYSICIAN:	26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Metastatic carcinoma of lung</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>	
	DUE TO (B) <i>1621</i> Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last. DUE TO (C)					
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. <i>Generalized arteriosclerosis</i>				26a. AUTOPSY? AUTHORIZED BY: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
	26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input checked="" 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	26d. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in part I or part II)			
26e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____	26f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)		26h. (city or town) / (county) (state)		
26i. I CERTIFY that I attended the deceased from (date) <i>3/23/73</i> to <i>9/6/73</i> and that death occurred at <i>3:00</i> (AM) (PM) from the cause stated above.						
ACTUAL SIGNATURE <i>Robert H. Jennings</i>		M.D. <i>Charlottesville, Va</i>		DATE SIGNED: <i>9/7/73</i>		
FUNERAL DIRECTOR	27. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		28. PLACE OF BURIAL, REMOVAL, ETC. Monticello Memorial Park, Charlottesville, Va.			
	29. (signature of funeral director or person acting as such) <i>Roger W. Scalls</i>		NAME OF FUNERAL HOME AND ADDRESS: Hill & Irving Funeral Home, Inc. Charlottesville, Va.			
REGISTRAR	30. (signature of registrar) <i>Lisa J. Jordan</i>		DATE RECORD FILED: 9-11-73			

This is a government record and subject to reproduction by microfilm and other photographic process.

Complete and sign medical certification (item 26) and return both copies to funeral director as soon as possible after determination of cause.

NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.