

Family
COPY A

COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH

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

FOR BUREAU OF
VITAL STATISTICS

REGISTRATION
AREA NUMBER
222

CERTIFICATE
NUMBER
4485

STATE FILE
NUMBER
71 033514

DECEDENT

1. FULL NAME OF DECEASED (first) (middle) (last)
Rebecca Ellis Fenner

2. SEX
male ☐ female ☒

3. DATE OF DEATH (mo.) (day) (year)
11-25-71

4. AGE OF DECEASED
49 years

IF UNDER 1 YEAR
months days hours minutes

5. COLOR OR RACE
Caus.

PLACE OF
DEATH

6. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state)
Imperial Hospital

7. COUNTY OF DEATH (if independent city, leave blank)

8. CITY OR TOWN OF DEATH (if rural, so state)
Richmond, Va.

inside city or town limits?
yes ☒ no ☐

9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH
1717 Bellevue Avenue

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
Hopewell, Va.

inside city or town limits?
yes ☐ no ☒

13. STREET ADDRESS OR RT. NO. OF RESIDENCE
RED 1 - Box 415

PERSONAL
DATA OF
DECEDENT

14. NAME OF FATHER OF DECEASED
Herbert D. Ellis

15. MAIDEN NAME OF MOTHER OF DECEASED
Rebecca Hairston

16. DECEASED CITIZEN OF WHAT COUNTRY
U.S.

17. MARRIED ☒ NEVER MARRIED ☐
WIDOWED ☐ DIVORCED ☐

18. IF MARRIED OR WIDOWED, NAME OF SPOUSE
William A. Fenner

19. USUAL OR LAST OCCUPATION
Sales Clerk

20. IF VETERAN, name war, or if peacetime only, so state

21. BIRTHPLACE OF DECEASED (state or country)
Alabama

22. DATE OF BIRTH (mo.) (day) (year)
Feb. 1, 1922

23. USUAL OR LAST OCCUPATION
Sales Clerk

24. KIND OF BUSINESS OR INDUSTRY
Miller & Rhoades

25. INFORMANT — OR SOURCE OF INFORMATION
William A. Fenner, husband

TO
PHYSICIAN:

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.

MEDICAL CERTIFICATION

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A) **Acute Subarachnoid Hemorrhage**

DUE TO (B) **Ruptured cerebral Arterys**

Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.

DUE TO (C)

4309

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

26a. AUTOPSY? yes ☐ no ☐

AUTHORIZED BY:

26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS?
yes ☐ no ☐ unknown ☐

26c. IF EXTERNAL CAUSE, IT WAS PRIMARY ☐ or CONTRIBUTING ☐ 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)
6:00 P.M.

26f. INJURY OCCURRED while at work ☐ not while at work ☐

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 **5:00 PM 25 Nov 71** to **6:00 PM 25 Nov 71** and that death occurred at **6:00 PM 25 Nov 71** (AM) (PM) from the cause stated above

ACTUAL SIGNATURE **Dr. J. T. Harris** M.D.

ADDRESS: (CITY AND STATE) **Rich Va.** DATE SIGNED: **25 Nov 71**

FUNERAL
DIRECTOR

27. BURIAL ☒ REMOVAL ☐ CREMATION ☐
28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state)
Merchants Hope Memorial Gardens, Prince George, Va.

29. (signature of funeral director or person acting as such) **Michael J. Harris** NAME OF FUNERAL HOME AND ADDRESS: **J. T. Harris & Son, Hopewell Va.**

REGISTRAR

30. (signature of registrar) **L. L. Mucklem** DATE RECORD FILED: **12-9-71**