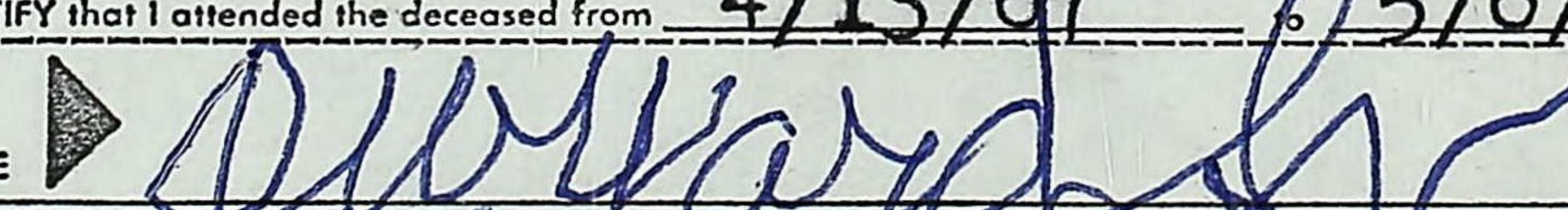
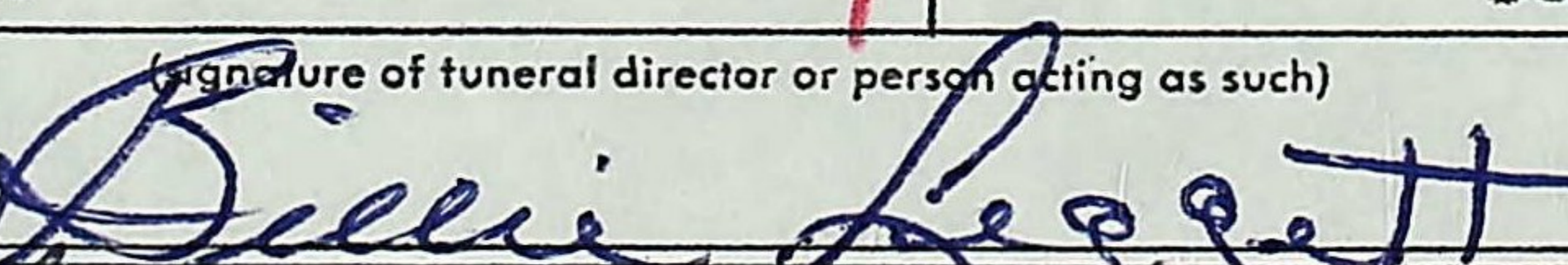
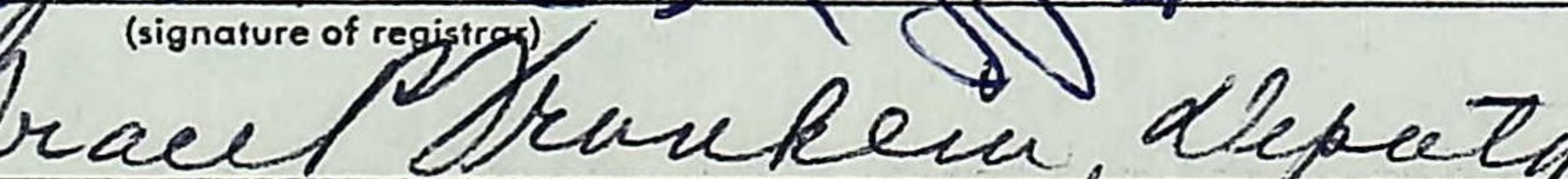


COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH

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

COPY A
FOR BUREAU OF
VITAL STATISTICS

	REGISTRATION AREA NUMBER 211	CERTIFICATE NUMBER 277	STATE FILE NUMBER 67 012457
DECEDENT	1. FULL NAME OF DECEASED (first) Alan (middle) David (last) Zattiero		2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>
	3. DATE OF DEATH (mo.) (day) (year) May 8, 1967	4. AGE OF DECEASED 19 years	5. COLOR OR RACE White
PLACE OF DEATH	6. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) -----		7. COUNTY OF DEATH (if independent city, leave blank)
	8. CITY OR TOWN OF DEATH (if rural, so state) Hampton	inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 57 N. Williard 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 Hampton	inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	13. STREET ADDRESS OR RT. NO. OF RESIDENCE 57 N. Williard Ave.
PERSONAL DATA OF DECEDENT	14. NAME OF FATHER OF DECEASED James M. Zattiero		15. MAIDEN NAME OF MOTHER OF DECEASED Maxine Harper
	16. DECEASED CITIZEN OF WHAT COUNTRY USA	17. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	18. IF MARRIED OR WIDOWED, NAME OF SPOUSE -----
	20. IF VETERAN, name war, or if peacetime only, so state	21. BIRTHPLACE OF DECEASED (state or country) Hampton, Virginia	22. DATE OF BIRTH (mo.) (day) (year) OF DECEASED Dec. 8, 1947
	23. USUAL OR LAST OCCUPATION Student	24. KIND OF BUSINESS OR INDUSTRY	25. INFORMANT — OR SOURCE OF INFORMATION James M. Zattiero Sr.
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) Malignancy of the brain		INTERVAL BETWEEN ONSET AND DEATH 6 Mo.
	DUE TO (B) _____ Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.		
	DUE TO (C) _____		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)		26a. AUTOPSY? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> AUTHORIZED BY:
26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input 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 4/13/67 to 5/8/67 and that death occurred at 5:30 (AM) (PM) from the cause stated above			
ACTUAL SIGNATURE 	M.D.	ADDRESS: (CITY AND STATE) Hampton, Va.	DATE SIGNED: 5/11/67
27. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>	28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) Oakland Cemetery Hampton, Virginia		
29.  (signature of funeral director or person acting as such)	NAME OF FUNERAL HOME AND ADDRESS Lawrence B. Wood- Hampton, Virginia		
30.  (signature of registrar)	DATE RECORD FILED: 5-11-67		

MARGIN RESERVED FOR BINDING
IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen having dark unfading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

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.