

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

106

CERTIFICATE  
NUMBER

852

STATE FILE  
NUMBER

74-034927

DECEDENT

1. FULL NAME  
OF DECEASED

(first) Robert (middle) T. (last) Bryan Jr.

2. SEX male female

☒ ☐

3. DATE OF  
DEATH (mo.) (day) (year)

November 21, 1974

4. AGE OF  
DECEASED

82

years

IF UNDER 1 YEAR

months

days

IF UNDER 1 DAY

hours

minutes

5. COLOR  
OR RACE

Cauc.

PLACE OF  
DEATH

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

No. Va. Drs. Hospital

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

Arlington

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

inside city or town limits?

yes

no

9. STREET ADDRESS OR RT. NO.  
OF PLACE OF DEATH

601 S. Carlin Springs Road

USUAL  
RESIDENCE  
OF DECEASED

10. STATE (OR FOREIGN COUNTRY) OF  
DECEASED'S RESIDENCE

Virginia

11. COUNTY OF DECEASED'S (if independent city, leave blank)

Arlington

12. CITY OR TOWN  
OF RESIDENCE

inside city or town limits?

yes

no

13. STREET ADDRESS OR RT. NO.  
OF RESIDENCE

4301 Columbia Pike Apt. 435

ZIP CODE

22204

PERSONAL  
DATA OF  
DECEDENT

14. NAME OF FATHER  
OF DECEASED

Robert T. Bryan Sr.

15. MAIDEN NAME OF  
MOTHER OF DECEASED

Lulu Freeland

16. DECEASED CITIZEN OF  
WHAT COUNTRY

USA

17. MARRIED ☒ NEVER MARRIED ☐

WIDOWED ☐ DIVORCED ☐

18. IF MARRIED OR WIDOWED, NAME OF SPOUSE.  
IF DIVORCED, LEAVE BLANK

Gertrude D. Bryan

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

No

21. BIRTHPLACE (state or country)  
OF DECEASED

China

22. DATE OF BIRTH (mo.) (day) (year)  
OF DECEASED

October 13, 1892

23. USUAL OR LAST  
OCCUPATION

Retired

24. KIND OF BUSINESS  
OR INDUSTRY

Lawyer

25. INFORMANT - OR SOURCE  
OF INFORMATION

Gertrude D. Bryan

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 regis-  
trar 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)

Shock

DUE TO

(B)

Pneumonia

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

DUE TO

(C)

Known Parkinson's disease

342

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

3 days

6 months

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)

A.M.

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 (date) 11/5/74 to 11/21/74 and that death occurred at 12:45 (AM) (PM) from the cause stated above

ACTUAL  
SIGNATURE

Lawrence M. Park, M.D.

M.D.

ADDRESS: (CITY AND STATE)

Arlington, Va.

DATE SIGNED:

11/21/74

FUNERAL

27. BURIAL REMOVAL CREMATION

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28. PLACE  
OF BURIAL,  
REMOVAL, ETC.

(name of cemetery or crematory)

(city or county)

(state)

Cedar Hill Crematory Suitland, Maryland

DIRECTOR

29. (signature of funeral director or person acting as such)

William J. McInerney

NAME OF FUNERAL HOME AND ADDRESS: Murphy Funeral Home, Inc. Arlington, Virginia

REGISTRAR

30. (signature of registrar)

Helene L. Small

DATE RECORD  
FILED:

11-21-74

23

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