STAINED GLASS WINDOW IN MEMORY OF ETHEL BEARD PERKINS, FIRST WIFE OF COL PERKINS, GIVEN BY COL PERKINS.
THEY HAD ONE DAUGHTER: ETHEL GOODWIN PERKINS (1907-1981).

ETHEL BEARD PERKINS

N. J. P.



CERTIFICATE OF MARRIAGE COMMONWEALTH OF VIRGINIA

CITY OR COUNTY OF_

Chesterfield

FULL NAME	E OF GROOM	Nathaniel	James Perki	Ins		CLERK'S NO.	. 88		
PRESENT NAME OF BRIDE Elda Elizabeth Hare									
GROOM				BRIDE					
AGE	RACE	SINGLE, WIDOWED, OR DIVORCED	No. TIMES PREV. MARRIED	Age	RACE	SINGLE, WIDOWED, OR DIVORCED	No. TIMES PREV. MARRIED		
61	White	Widower	Once	41	White	Widow	twice		
Occupation				MAIDEN Elda Elizabeth Wright					
BIRTHPLACE Fluvanna Co., Va.				BIRTHPLACE Williamsport, Penn.					
FATHER'S ISAAC Otey Perkins				FATHER'S FULL NAME Harry Elmer Wright					
MOTHER'S MAIDEN NAME MARGARET Lella Hughes				Mother's Maiden Name Anna Cockburn					
RESIDENCE P. O. ADDRESS (IF IN CITY ST. AND NO.) FORK Union. Va.				RESIDENCE P. O. ADDRESS (IF IN CITY ST. AND NO.) Chevy Chase Md.					
Date of Proposed Marriage Tune 3, 1939. Place of Proposed Marriage Chesterfield Co., Va.									
Given under my hand this 24th day of May , 19 39									
Philip V. Coapelo Clerk of Chesterfield Circuit Court.									
CERTIFICATE OF TIME AND PLACE OF MARRIAGE I, Church, or religious order of that name, do certify that on the 3nd day of Virginia, under authority of this license, I joined together in the Holy State of Matrimony the persons named and									
described therein. I qualified and gave bond according to law authorizing me to celebrate the rites of marriage in									
the county (or die)) or									
Given under my hand this 31 day of 1937.									
Address of celebrant final (Person who performs ceremony sign here.)									

OF INFORM.
CAUSE OF IMPORTANT.

ANENT RECORD. EVER HYS.CIANS SHOULD STA EMENT OF OCCUPATION

1	1 PLACE	AE DEAT	BUREZ			ĆEF		
1			anisama CX	1		COMM		
	OUNTY OF -	WEU!	HEU '	61				
D	ISTRICT OF	IANI O	2004	-	12 147 210			
1.	OR TOWN OF	JAN 2	2 1934	1		REGISTRAT		
1	R R	Dial		1		T		
C	TY OF P		mond	fin .	hospita	l or other institu		
Lei	ngth of residence	'7IVIOI	own where death			yrsmos		
2	FULL NAM	E E	thel Be	ard	nPer	ckins		
	(A) RESIDE		Fork ace of abode)	Uni	on,	Va.		
	PER	SONAL A	ND STATISTI	CAL P	ARTICU	LARS		
3.	SEX	4. COL	OR OR RACE		INGLE, M	ARRIED, WIDOWED,		
Fe	emale	Whi	te	I	arri	led		
5 A	. IF MARRIED,	WIDOWED,	OR DIVORCED					
	HUSBAND (OR) WIF	E OF Na	thaniel	J.	Per	kins		
6.			h, day, and ye		Marie Control	25th 187		
7.	AGE	Years	Months	D	ays	IF LESS THAN		
der.		54		02000 20100		1 DAY, HRS. ORMIN.		
NC	KIND OF	WORK D	N, OR PARTICU	LAR ER,	None)		
H		9. INDUSTRY OR BUSINESS IN WHICH						
OCCUPATION	WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.							
000	10. DATE DECEASED LAST WORKED AT 11. TOTAL TIME (YEARS) THIS OCCUPATION (month and year)							
	DIDTUDI AC	T (-11-	Am	her	st. (10.		
12.	BIRTHPLAC	(State or	country)	Va				
HER	13. NAME	John	n P. Be	a.rd	1			
H		THE PERSON NAMED IN	ty or town)	Carrier Charles	The second second second	Co.		
FA	14. BIRTHP		or country)		a.			
HER	45 MAIDES	. NAME	Selen	0 0	000	rin		
TH	15. MAIDEN	NO PROPERTY OF						
MO	16. BIRTHP	LACE (ci (State	ty or town) or country)	-Mall	Va.	t Co.,		
17	Marine Marine Control of Control of	r Co. Fork	L. N. J Union.		erki	ns		
18	. BURIAL, C	REMATIC	N, OR REMO		o salt to	ear Electrical		
	PLACE Flu		Co. V		Jan.	21/1934		
10	UNDEDT	- A	hann	100	ando s	+ long		
19	(ADDRESS)		nond. V	a				

Registrar.

CERTIFICATE OF DEATH MMONWEALTH OF VIRGINA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STRATION DISTRICT NO ._ REGISTERED No. Johnston-Willis Hospital AFOR USE OF LOCAL REGISTRAR) institution, give its NAME instead of street and number) mos. _____ds.____How long in U. S., if of foreign birth?____ (If nonresident give city or town and State) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) Jan 19314 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM (month, day, and year), 19.3 Y DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT Date of onset 1-16 CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE: NAME OF OPERATION WHAT TEST CONFIRMED DIAGNOSIS? Clinated THERE AN AUTOPSY? HO 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDET (Specify city or town, county, and State) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE. MANNER OF INJURY NATURE OF INJURY 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO, SPECIFY (SIGNED) (ADDRESS)

10

WRITE F

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

	DEPARTMENT OF HEALTH-BUREAU OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND
COPY A	REGISTRATION CERTIFICATE STATE FILE
FOR BUREAU OF VITAL STATISTICS	203 319 81-029481
DECEDENT	1. FULL NAME OF DECEASED THE 1 DEN 18 11/5 18/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
	4. DATE OF (mo.) (day) (year) 5. AGE IF UNDER 1 YEAR IF UNDER 1 DAY 6. DATE OF (mo.) (day) (year) 7. WAS DECEDENT EVER IN U.S. YES NO ARMED FORCES?
PLACE OF DEATH	8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) DOA Out pal/ Emer. Rm. Inpatient 9. COUNTY OF DEATH (if independent city, leave blank)
01 3	10. CITY OR TOWN OF DEATH 10. CITY OR TOWN OF DEATH 10. CITY OR TOWN OF DEATH 11. STREET ADDRESS OR RT, NO. OF PLACE OF DEATH 10. CITY OR TOWN OF DEATH
USUAL	12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE 13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank)
RESIDENCE OF DECEDENT	VIRGINIA FIVIANNA
132	14. CITY OR TOWN OF RESIDENCE inside city or town limits? 15. STREET ADDRESS OR RT. NO. OF RESIDENCE ZIP CODE YES DO BOY 116 DESCRIPTION
PERSONAL DATA OF	16. NAME OF FATHER OF DECEASED 17. MAIDEN NAME OF MOTHER OF DECEASED
DECEDENT	18. CITIZEN OF WHAT COUNTRY 19. BIRTHPLACE (state or country) 20. NEVER MARRIED DIVORCED 21. IF MARRIED OR WIDOWED, NAME OF SPOUSE
5/1 2	21.5, A. Fla. MARRIED WIDOWED LEVEN E. White
-10	23. USUAL OR LAST OCCUPATION 24. KIND OF BUSINESS OR INDUSTRY 25. INFORMANT - OR SOURCE OF INFORMATION
	Housewite Vomestie heavy E. White
	26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	IMMEDIATE CAUSE (A)
то	Conditions, if any, which gave rise Obstructive pulmonary disease
PHYSICIAN:	to immediate cause (A), stating the underlying cause last. DUE TO (C)
Complete and sign medical certification (item 26) and return both copies to funeral director as soon as	
possible after determination of cause.	IN PAST 3 MONTHS? PRIMARY OF CONTRIBUTING
_	yes no unknown TO CAUSE OF DEATH NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER 26e. TIME OF INJURY (mo.) (day) (year) 26f. INJURY OCCURRED 26g. PLÁCE OF INJURY (home, farm, 126h. (city or town) (county) (state)
NOTE: If "Pending" must be indicated, so state in part I and notify regis-	A.M. While not while at work at work
trar of final decision as soon as possible.	26i. To the best of my knowledge, death occurred at (a.m.) (p.m.) on the date and place and from the cause(s) stated.
	ACTUAL SIGNATURE ACTUAL SIGNATURE 10-5-81
	James G. Knight TADDRESS OF ATTENDING PHYSICIAN 400 Lacust Are Charlo Herville VA 22901
FUNERAL	27. BURIAL REMOVAL CREMATION 28. PLACE (name of cemetery or crematory) (city or county) (btate)
DIRECTOR	27. BURIAL REMOVAL CREMATION 28. PLACE (name of cemetery or crematory) OF BURIAL REMOVAL CREMATION 28. PLACE (name of cemetery or crematory) REMOVAL CREMATION 28. PLACE (name of cemetery or crematory) PORK UNION VA, PORK UNION VA, PORK UNION VA, NAME OF FUNERAL
	29. (Significance of funeral directory of person legally filling this certificate) NAME OF FUNERAL SOME AND SOMESTA F, H, BREMO B/VFF, VA, SOMESTA F, H, BREMO B/VFF, VA,
REGISTRAR	30. Princelle J. Hell DATE RECORD FILED: 10/6/81
	10,0,01

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH DEPARTMENT OF HEALTH-BUREAU OF VITAL RECORDS AND HEALTH STATISTICS-RICHMOND COPY A STATE FILE 79-015913 REGISTRATION AREA NUMBER CERTIFICATE NUMBER MEDICAL EXAMINER'S FOR BUREAU OF CERTIFICATE VITAL STATISTICS . FULL NAME OF DECEASED 3. RACE DECEDENT ELDA CAUCASIAN **PERKINS** WRIGHT (year) 5. AGE IF UNDER 1 YEAR IF UNDER 1 DAY 6. DATE OF (mo.) (day) (year) WAS DECEDENT 4. DATE OF (mo.) (day) ARMED FORCES? NO months days hours AUG. 1979 8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) 9. COUNTY OF DEATH (if independent city, leave blank) PLACE OF DEATH JOHNSTON-WILLIS HOSPITAL X 10. CITY OR TOWN OF DEATH 11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH inside city or town limits? RICHMOND 2908 KENSINGTON AVENUE 12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE (if independent city, leave blank) USUAL RESIDENCE VIRGINIA OF DECEDENT 14. CITY OR TOWN OF RESIDENCE ZIP CODE RICHMOND 23226 X 11 W. LOCKE LANE 16. NAME OF FATHER OF DECEASED PERSONAL DATA OF HARRY WRIGHT ANNIE L. COCKBURN DECEDENT 19. BIRTHPLACE (state or country) | 20. NEVER MARRIED 21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) 18. CITIZEN OF WHAT COUNTRY DIVORCED PENNSYLVANIA USA MARRIED WIDOWED X NATHANIEL J. PERKINS 23. USUAL OR LAST OCCUPATION 24. KIND OF BUSINESS OR INDUSTRY 25. INFORMANT - OR SOURCE OF INFORMATION RETIRED HOMEMAKER SON - FRANCIS A. HARE 26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN TO MEDICAL Conditions, if any, which gave rise **EXAMINER:** to immediate cause (A), stating the underlying cause last. DUE TO Complete and sign OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL medical certification (item 26) and give all 26a. AUTOPSY? AUTHORIZED BY 3 copies to funeral director as soon as 26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? 26c. IF EXTERNAL CAUSE, IT WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH no unknown 26e, TIME OF INJURY 26f. INJURY OCCURRED 26g. PLACE OF INJURY (home, farm, 26h (city or town) (county) (state) NOTE: If factory, street, office bldg., etc.) A.M. "Pending" must be not while r indicated, notify registrar of final decision as soon as possible. SUICIDE | HOMICIDE UNDETERMINED CREMATION FUNERAL DIRECTOR WESTHAMPTON MEMORIAL PARK RICHMOND, VIRGINIA NAME OF FUNERAL HOME AND ADDRESS: WOODY FUNERAL HOME RICHMOND. VIRGINIA DATE RECORD REGISTRAR