

**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).**



CITY OR COUNTY OF

Chesterfield

CERTIFICATE OF MARRIAGE

COMMONWEALTH OF VIRGINIA

13982

FULL NAME OF GROOM

Nathaniel James Perkins

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 Teacher				MAIDEN NAME Elda Elizabeth Wright			
BIRTHPLACE Fluvanna Co., Va.				BIRTHPLACE Williamsport, Penn.			
FATHER'S FULL NAME 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 June 3, 1939.

Place of Proposed Marriage Chesterfield Co., Va.

Given under my hand this 24th day of May, 1939.

Philip V. Coakley, Clerk of Chesterfield Circuit Court.

CERTIFICATE OF TIME AND PLACE OF MARRIAGE

I, J. M. Cannon, a Minister of the Baptist Church, or religious order of that name, do certify that on the 3rd day of June, 1939 at Chesterfield Co., 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 city) of Richmond Commonwealth of Virginia.

Given under my hand this 3rd day of June, 1939.

Address of celebrant Fork Union, Va. J. M. Cannon (Person who performs ceremony sign here.)



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

COPY A  
FOR BUREAU OF  
VITAL STATISTICS

REGISTRATION AREA NUMBER 203	CERTIFICATE NUMBER 319	STATE FILE NUMBER 81--029481
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DECEDENT  1	1. FULL NAME OF DECEASED (first) (middle) (last) <i>Ethel Perkins White</i>			2. SEX male female <input type="checkbox"/> <input checked="" type="checkbox"/>	3. RACE <i>White</i>
	4. DATE OF DEATH (mo.) (day) (year) <i>9/25/81</i>	5. AGE <i>74</i> years	IF UNDER 1 YEAR months days	IF UNDER 1 DAY hours minutes	6. DATE OF BIRTH (mo.) (day) (year) <i>4/4/1907</i>

PLACE OF DEATH  01 3	8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) <i>Martha Jefferson</i>			DOA <input type="checkbox"/>	Out pat/ Emer. Rm. <input type="checkbox"/>	Inpatient <input checked="" type="checkbox"/>	9. COUNTY OF DEATH (if independent city, leave blank)
	10. CITY OR TOWN OF DEATH <i>Charlottesville</i>			inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH <i>Locust Avenue</i>		

USUAL RESIDENCE OF DECEASED  132	12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE <i>Virginia</i>			13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank) <i>FLUVANNA</i>			
	14. CITY OR TOWN OF RESIDENCE <i>Fork Union</i>			inside city or town limits? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	15. STREET ADDRESS OR RT. NO. OF RESIDENCE <i>Box 116</i>		ZIP CODE <i>23055</i>

PERSONAL DATA OF DECEASED  510 2	16. NAME OF FATHER OF DECEASED <i>Nathaniel James Perkins</i>			17. MAIDEN NAME OF MOTHER OF DECEASED <i>Ethel F. Beard</i>			
	18. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	19. BIRTHPLACE (state or country) <i>FLA.</i>	20. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>	21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) <i>Heroy E. White</i>			
	23. USUAL OR LAST OCCUPATION <i>Housewife</i>		24. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		25. INFORMANT - OR SOURCE OF INFORMATION <i>Heroy E. White</i>		

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.	26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (A) <i>respiratory failure</i>	DUE TO (B) <i>obstructive pulmonary disease</i>	
	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? AUTHORIZED BY: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
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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 RELATING TO DEATH OCCURRED	
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. To the best of my knowledge, death occurred at <i>0440</i> (a.m.) (p.m.) on the date and place and from the cause(s) stated.	
ACTUAL SIGNATURE <i>James G. Knight</i>	DATE SIGNED: <i>10-5-81</i>
NAME OF ATTENDING PHYSICIAN (Type or Print) <i>James G. Knight</i>	ADDRESS OF ATTENDING PHYSICIAN <i>400 Locust Ave Charlottesville Va 22901</i>

27. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28. PLACE OF BURIAL REMOVAL ETC. <i>Fork Union Mem. Fork Union, VA.</i>
29. (Signature of funeral director or person legally filing this certificate) <i>Nelanda W. Smart</i>	
NAME OF FUNERAL HOME AND ADDRESS <i>Smith F.H. Brenton Bluff, VA.</i>	

REGISTRAR <i>Proceeded J. Hill</i>	DATE RECORD FILED: <i>10/6/81</i>
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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 <b>222</b>	CERTIFICATE NUMBER <b>1638</b>	MEDICAL EXAMINER'S CERTIFICATE	STATE FILE NUMBER <b>79-015913</b>
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DECEDENT  <b>1</b>	1. FULL NAME OF DECEASED (first) (middle) (last) <b>ELDA WRIGHT PERKINS</b>	2. SEX male female <input type="checkbox"/> <input checked="" type="checkbox"/>	3. RACE <b>CAUCASIAN</b>
	4. DATE OF DEATH (mo.) (day) (year) <b>MAY 22, 1979</b>	5. AGE <b>81</b> years	6. DATE OF BIRTH (mo.) (day) (year) <b>AUG. 10, 1897</b>

PLACE OF DEATH  <b>02 3</b>	8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) <b>JOHNSTON-WILLIS HOSPITAL</b>	9. COUNTY OF DEATH (if independent city, leave blank) -----
	10. CITY OR TOWN OF DEATH <b>RICHMOND</b>	11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH <b>2908 KENSINGTON AVENUE</b>

USUAL RESIDENCE OF DECEDENT  <b>222</b>	12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE <b>VIRGINIA</b>	13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank) -----
	14. CITY OR TOWN OF RESIDENCE <b>RICHMOND</b>	15. STREET ADDRESS OR RT. NO. OF RESIDENCE <b>11 W. LOCKE LANE APT. # 5</b>

PERSONAL DATA OF DECEDENT  <b>539 3</b>	16. NAME OF FATHER OF DECEASED <b>HARRY WRIGHT</b>	17. MAIDEN NAME OF MOTHER OF DECEASED <b>ANNIE L. COCKBURN</b>
	18. CITIZEN OF WHAT COUNTRY <b>USA</b>	19. BIRTHPLACE (state or country) <b>PENNSYLVANIA</b>

TO MEDICAL EXAMINER:  Complete and sign medical certification (Item 26) and give all 3 copies to funeral director as soon as possible after inquiry.	26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (A) <b>Septicemia</b> DUE TO (B) <b>Pyelonephritis</b> DUE TO (C) _____ Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.	

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	26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
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.)

26i. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted at or about <b>7:20</b> (AM) from: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	26a. AUTOPSY? AUTHORIZED BY: <b>family</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
ACTUAL SIGNATURE <b>Takeshi Imajo</b>	DATE SIGNED: <b>9. 7. '79</b>
NAME OF MEDICAL EXAMINER (Type or Print) <b>TAKESHI IMAJO</b>	ADDRESS OF MEDICAL EXAMINER <b>9N14th St. Richmond, Va.</b>

FUNERAL DIRECTOR	27. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28. PLACE OF BURIAL, REMOVAL, ETC. <b>WESTHAMPTON MEMORIAL PARK RICHMOND, VIRGINIA</b>
	29. (Signature of funeral director or person legally filing this certificate) <b>Richard E. Cleveland</b>	NAME OF FUNERAL HOME AND ADDRESS: <b>WOODY FUNERAL HOME RICHMOND, VIRGINIA</b>

REGISTRAR <b>503</b>	30. (Signature of registrar) <b>L. L. Mickelson</b>	DATE RECORD FILED: <b>9-7-79</b>
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MEDICAL CERTIFICATION

NOTE: If "Pending" must be indicated, notify registrar of final decision as soon as possible.