

**STAINED GLASS
WINDOW OF JESUS,
GIVEN BY E.H.
TITMUS, IN MEMORY
OF HIS FATHER AND
MOTHER: RICHARD G.
TITMUS AND HARRIET
E. TATUM.**



**EDWARD H.
TITMUS
FOUNDER OF
TITMUS
OPTICAL
COMPANY**

Titmus Optical Founder Dies



E. H. TITMUS SR.

Edward Hutson Titmus, 84, founder of the Titmus Optical Co., died late last night in his home, 1142 W. Washington St.

He was born in Petersburg March 27, 1877, a son of the late Richard C. and Harriet E. Tatum Titmus, and had made his home here all his life.

At the time of his death he was chairman of the board of the company he founded in 1908.

He was a member of West End Baptist Church and was actively associated with the religious, civic and fraternal life of Petersburg. He taught Sunday School for nearly 50 years and served his church in many ways.

Among institutions which have benefited from his generosity through the Titmus Foundation or otherwise are the Titmus Eye Clinic at the Medical College of Virginia, Petersburg General Hospital, one of the gifts to which is the Maude H. Titmus Building for nursing education, and the Baptist Children's Home at Salem.

Mr. Titmus is survived by his wife, Mrs. Cecile Mayton Titmus; a son, E. Hutson Titmus Jr. of Petersburg; three daughters: Mrs. Garland B. Slate of Dinwiddie County, Mrs. J. Edwin Mitchell of Petersburg and Miss Jero-lien T. Titmus of Dinwiddie County; and three grandchildren.

Funeral services will be conducted Thursday at 5 p. m. at the grave in Blandford Cemetery, with the Rev. Woodrow W. Hill, pastor of West End Baptist Church, officiating.

The family suggest that donations be made to the Southside Emergency Crew in lieu of flowers.



CERTIFICATE OF MARRIAGE
COMMONWEALTH OF VIRGINIA

15893

CITY 1711
COUNTY OF Chesterfield

FULL NAME OF GROOM Edward H. Titmus, Sr. CLERK'S No. 140

PRESENT NAME OF BRIDE Cecile Hopp Mayton MAIDEN NAME _____

GROOM				BRIDE			
AGE	RACE	SINGLE, WIDOWED, OR DIVORCED	NO. TIMES PREV. MARRIED	AGE	RACE	SINGLE, WIDOWED, OR DIVORCED	NO. TIMES PREV. MARRIED
71	White	Widower	1	46	White	Single	
OCCUPATION <u>Optical Manufacturer</u>		INDUSTRY OR BUSINESS _____		OCCUPATION <u>None</u>		INDUSTRY OR BUSINESS _____	
BIRTHPLACE <u>Petersburg, Va.</u>				BIRTHPLACE <u>Prince George Co. Va.</u>			
FATHER'S FULL NAME <u>Richard C. Titmus</u>				FATHER'S FULL NAME <u>Edward B. Mayton</u>			
MOTHER'S MAIDEN NAME <u>Harriette E. Tatum</u> <u>22160</u>				MOTHER'S MAIDEN NAME <u>Bettie Gee Simmons</u>			
RESIDENCE: CITY OR COUNTY MAILING ADDRESS <u>1142 W. Washington St. Petersburg, Va.</u>				RESIDENCE: CITY OR COUNTY MAILING ADDRESS <u>510 Colonial Ave. Petersburg, Va.</u> <u>0200</u>			

Date of Proposed Marriage June 9, 1948 Place of Proposed Marriage Richmond, Va.

Given under my hand this 8th day of June, 1948.
Walter D. Purdee Clerk of Chesterfield Circuit Court.

CERTIFICATE OF DATE AND PLACE OF MARRIAGE

I Lemard W. Boynton, a Minister of the Shannon Ave. Christian Church, or (Denomination) 2430 City or _____

religious order of that name, do certify that on the 9 day of June, 1948 Co. Richmond 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 9 day of June, 1948.
Address of celebrant 1800 Shannon Ave. Lemard W. Boynton
(Person who performs ceremony/sign here.)

Mrs. Harriet Ellen Titmus, widow of the late Richard C. Titmus, died last evening at the residence of her son, Mr. E. H. Titmus, on Shepard street. She had been in ill health for several years. Mrs. Titmus was sixty-eight years of age. She is survived by four sons—Nathaniel, John, Alexander and Edward H. Titmus, all of this city.

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

REGISTRATION AREA NUMBER 219	CERTIFICATE NUMBER 343	STATE FILE NUMBER 20063
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1. FULL NAME OF DECEASED (first) Edward (middle) Hutson (last) Titmus, Sr.			2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	
3. DATE OF DEATH (mo) Aug. (day) 28 (year) 1961		4. AGE OF DECEASED 84 years		5. COLOR OR RACE white
6. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state)			7. COUNTY OF DEATH	
8. CITY OR TOWN OF DEATH Petersburg		9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 1142 W. Washington St.		inside city or town limits? yes <input type="checkbox"/> no <input type="checkbox"/>
10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia			11. COUNTY OF DECEASED'S RESIDENCE	
12. CITY OR TOWN OF RESIDENCE Petersburg		13. STREET ADDRESS OR RT. NO. OF RESIDENCE 1142 W. Washington St.		
14. NAME OF FATHER OF DECEASED Richard C. Titmus			15. MAIDEN NAME OF MOTHER OF DECEASED Harriet E. Tatum	
16. CITIZEN OF WHAT COUNTRY USA		17. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		18. IF MARRIED OR WIDOWED, NAME OF SPOUSE Cecile Mayton Titmus
23. USUAL OR LAST OCCUPATION chairman Board		24. KIND OF BUSINESS OR INDUSTRY Titmus Optical Co.		25. INFORMANT - OR SOURCE OF INFORMATION E. Hutson Titmus, Jr.
22. DATE OF BIRTH (mo) (day) (year) Mar. 27, 1877			21. BIRTHPLACE OF DECEASED Petersburg, Virginia	
20. IF VETERAN, name war, or if peacetime only, so state			19. IF MARRIED OR WIDOWED, NAME OF SPOUSE	

MEDICAL CERTIFICATION	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 -36 hours 6 mos.
	IMMEDIATE CAUSE (A) <i>Cerebral Vascular Accident</i>			
	DUE TO (B) <i>Heart failure</i>			
	DUE TO (C) <i>Chronic Bronchitis</i>			
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"/>
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 <input type="checkbox"/> at work not while <input type="checkbox"/> at work		26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)
		26h. (city or town) (county) (state) <i>331</i>		

26i. I CERTIFY that I attended the deceased from *Apr. 1961* to *Death* and that death occurred at *9:30 AM* (PM) from the cause stated above (address - city and state) (date signed)

ACTUAL SIGNATURE *James D. Mason* Petersburg Va 4/3/61

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) <i>Blandford Cemetery Petersburg Virginia</i>		
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29. (signature of funeral director or person acting as such) *J. T. Morriss* NAME OF FUNERAL HOME AND ADDRESS: *J. T. Morriss & Son, Inc. Petersburg, Virginia*

30. (signature of registrar) *C. T. Marshall* DATE RECORD FILED: *9-5-61*