

Death Certificate, VA, Arlington, Robert T Bryan Jr 1974

COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH  
DEPARTMENT OF HEALTH — BUREAU OF VITAL RECORDS AND HEALTH STATISTICS —  
RICHMOND

REGISTRATION                      CERTIFICATE                      STATE FILE  
AREA NUMBER 106                      NUMBER 852                      NUMBER 74-034927

1. FULL NAME OF DECEASED  
    (first)                      (middle)                      (last)  
    **ROBERT**                      **T.**                      **BRYAN JR**
  
2. SEX  
    male      female
  
3. DATE OF DEATH  
    (mo) (day) (year)  
    Nov. 21      1974
  
4. AGE OF DECEASED  
    82 years
  
5. COLOR OR RACE  
    Cauc.
  
6. NAME OF HOSPITAL OR (if none, so state)  
    INSTITUTION OF DEATH No. VA Drs. Hospital
  
7. COUNTY OF DEATH (if independent city, leave blank)  
    Arlington
  
8. CITY OR TOWN (if rural, so state)  
    inside city or town limits?  
    yes    no
  
9. STREET A DRESS OR RT. NO. OF DEATH ,OF PLACE OF DEATH  
    601 S. Carlin Springs Road
  
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  
    inside city or town limits?  
    Yes    No

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13. STREET ADDRESS OR RT. NO. OF RESIDENCE  
4301 Columbia Pike Apt. 435
- ZIP CODE  
22204
14. NAME OF FATHER OF DECEASED  
**ROBERT T. BRYAN, SR.**
15. MAIDEN NAME OF DECEASED'S  
**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 I. BRYAN**
19. (BLANKED OUT)
20. IF VETERAN, name war, or if peacetime only, so state  
No
21. BIRTHPLACE (state or coutry)  
China
22. DATE OF BIRTH  
(mo.) (day) (year)  
Oct. 13, 1892
23. USUAL OR LAST OCCUPATION  
Retired
24. KIND OF BUSINESS OR INDUSTRY  
Lawyer
25. INFORMANT OR SOURCE OF INFORMATION  
**GERTRUDE I. BRYAN**
26. CAUSE OF DEATH (Enter only one cause per line)
- |                                       | INTERVAL |
|---------------------------------------|----------|
| IMMEDIATE CAUSE (A) Shock             | 2 days   |
| DUE TO (B) Pneumonia                  | 3 days   |
| DUE TO (C) Severe Parkinson's Disease | 6 months |

DATE 11/21/1974