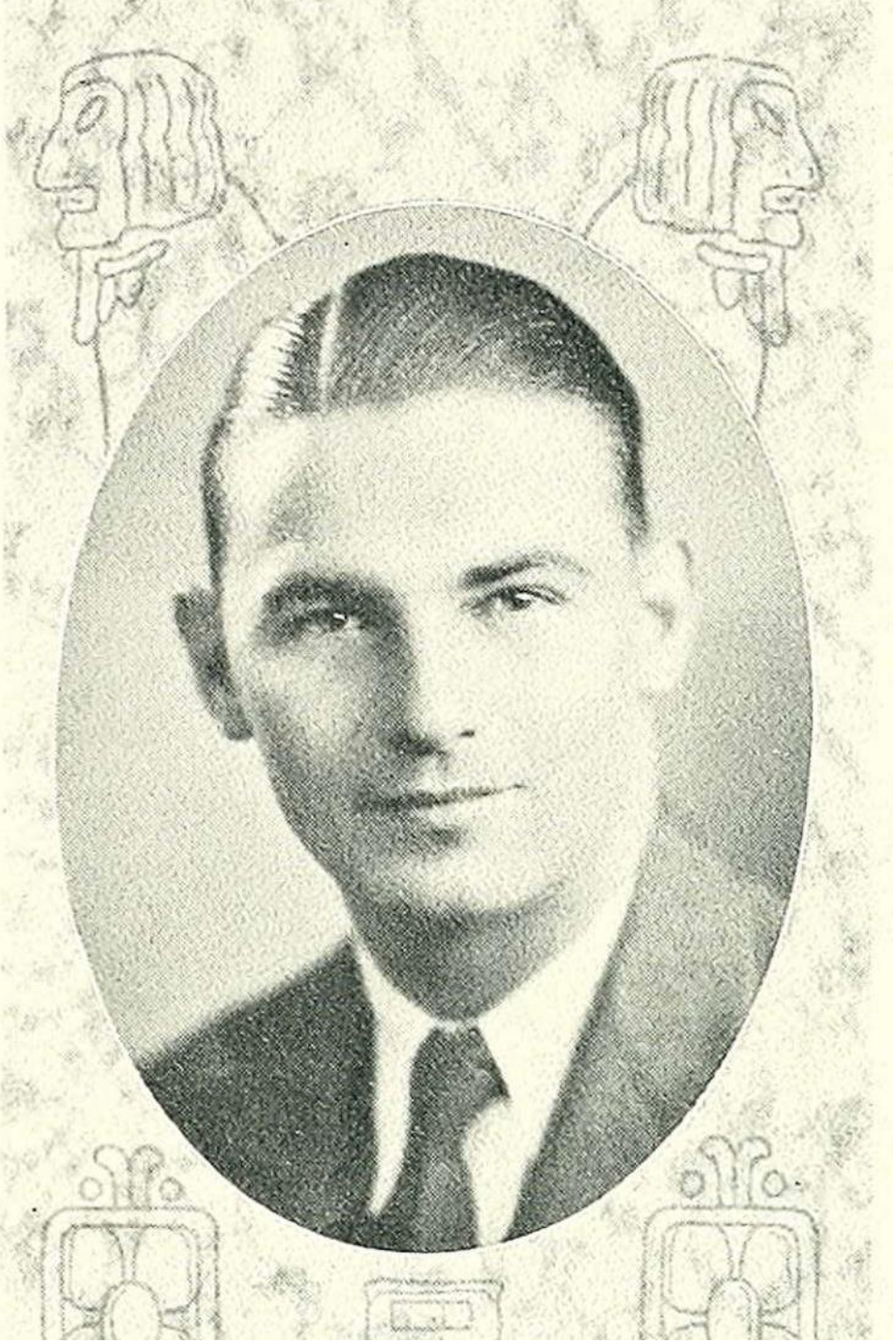
DR. J. H. YEATMAN, M.D.

Academy Physician

Senior Class

MEDICINE

MEDICAL COLLEGE OF VIRGINIA



JULIAN HOWARD YEATMAN

NOMINI GROVE, VA.

Phi Beta Pi; Cotillion Club; Interne Club;
Honor Council Senior Class.

THE MAPLES, *Home of the Infirmary*

YEATMAN

Dr. Julian Howard Yeatman, age 73, of Fork Union, died in a Charlottesville hospital. Born January 1906 in Lyles, Va. He was a graduate of William and Mary College and the Medical College of Virginia. Dr. Yeatman practiced medicine in Fork Union since 1930 and was the physician for Fork Union Military Academy during that same period. He was a member of the American Medical Association, the Medical Society of Virginia, Fork Union Masonic Lodge No. 127, and a deacon of the Fork Union Baptist Church. He is survived by his wife, Mrs. Roberta Batson Yeatman of Fork Union; one son, J. Howard Yeatman of Miami, Fla.; one daughter, Mrs. Diane Bruce of Richmond; one sister, Mrs. Lillian Reynolds of Callao, Va.; six grandchildren. Funeral services will be Saturday, March 24 at 3 P.M. at the Fork Union Baptist Church with interment in the Fork Union Memorial Cemetery. The family will receive friends at the Smith Funeral Home, Bremo Bluff this evening from 7 to 9. In lieu of flowers contributions may be made to the Fork Union Voluntary Rescue Squad or the Fork Union Baptist Church building fund.

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

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

REGISTRATION AREA NUMBER: 203 | CERTIFICATE NUMBER: 99 | **MEDICAL EXAMINER'S CERTIFICATE** | STATE FILE NUMBER: 79-008703

1. FULL NAME OF DECEASED: (first) Julian (middle) Howard (last) Yeatman
2. SEX: male ☒ female ☐
3. RACE: White
4. DATE OF DEATH: (mo.) 3 (day) 22 (year) 79
5. AGE: 73 years — IF UNDER 1 YEAR: months / days — IF UNDER 1 DAY: hours / minutes
6. DATE OF BIRTH: (mo.) (day) (year) 1-10-06
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes ☐ no ☒
8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): Martha Jefferson Hospital — DOA ☐ Out pat./Emer. Rm. ☐ Inpatient ☒
9. COUNTY OF DEATH (if independent city, leave blank):
10. CITY OR TOWN OF DEATH: Charlottesville — inside city or town limits? yes ☑ no ☐
11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: 459 Locust Ave
12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: Virginia
13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank): Fluvanna
14. CITY OR TOWN OF RESIDENCE: Fork Union — inside city or town limits? yes ☑ no ☐
15. STREET ADDRESS OR RT. NO. OF RESIDENCE: P.O. Box 98 — ZIP CODE: 23055
16. NAME OF FATHER OF DECEASED: Frank M. Yeatman
17. MAIDEN NAME OF MOTHER OF DECEASED: Karen Minor
18. CITIZEN OF WHAT COUNTRY: U.S.A.
19. BIRTHPLACE (state or country): VA.
20. NEVER MARRIED ☐ DIVORCED ☐ MARRIED ☑ WIDOWED ☐
21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank): Roberta B. Yeatman
23. USUAL OR LAST OCCUPATION: Dr. of Med.
24. KIND OF BUSINESS OR INDUSTRY: Private Practice
25. INFORMANT - OR SOURCE OF INFORMATION: David Crockett

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): Massive Acute Subdural Hematoma — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
DUE TO (B): Fall with hitting head — 12 hrs
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.
DUE TO (C):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Cerebrovascular atherosclerosis

26a. AUTOPSY? AUTHORIZED BY: yes ☑ no ☐ Family

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

26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED: Fell at home, hitting head

26e. TIME OF INJURY: 2:30 A.M. (P.M.) (mo.) (day) (year) 3-21-79

26f. INJURY OCCURRED: while at work ☐ not while at work ☑

26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.): Home

26h. (city or town) (county) (state): Fork Union Fluvanna Va.

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 2:50 (AM) (PM) from:
NATURAL CAUSES ☐ ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

ACTUAL SIGNATURE ▶ Frank B. Sloop Jr MD — DATE SIGNED: 3/22/79

NAME OF MEDICAL EXAMINER (Type or Print): Frank B. Sloop, Jr. MD — ADDRESS OF MEDICAL EXAMINER: 1213 Augusta St.

27. BURIAL ☑ REMOVAL ☐ CREMATION ☐

28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) Fork Union Mem. (city or county) Fork Union, (state) VA.

29. (Signature of funeral director or person legally filing this certificate) ▶ Scott Slaughter — NAME OF FUNERAL HOME AND ADDRESS: Smith F.H. Bremo Bluff, Va.

30. (signature of registrar) ▶ Lois J. Jordan — DATE RECORD FILED: 3/27/79