N35

NCA126
NJ610

CERT 14/80

1 PLACE OF DEATH

County of Louisa

Magisterial District of Jackson

or Inc. Town of

or City of

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA

BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

6975

Registration District No. 54612 Registered No. 4

2 FULL NAME Charles W Whitlock

(a) Residence. No. St. Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF: mrs Luenadie Whitlock

6 DATE OF BIRTH (month, day, and year, write name of month): September 1 1844

7 AGE: Years 81 Months 6 Days 21

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country): Goochland Co Va

PARENTS

10 NAME OF FATHER: John Whitlock

11 BIRTHPLACE OF FATHER (city or town) (state or country): Virginia

12 MAIDEN NAME OF MOTHER: amanda anderson

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Albemarle Co

14 INFORMANT: mrs C W Whitlock

(Address): Shelton V

15 FILED April 1926 Z. E. Perkins, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): march 22 1926

17 I HEREBY CERTIFY, That I attended deceased from June 20 1925 to Mar 22 26

that I last saw him alive on Mar 15 1926

and that death occurred, on date stated above, at 4 P m

The cause of death was as follows: Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (secondary): Mitral insufficiency

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Louisa Co

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Geo Beasley M.D.

April 1926 (Address) Goochland Co

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Shelton Virginia DATE OF BURIAL: March 24 26

20 UNDERTAKER: G R Lacy

(Address) Orchid Va

N. B.—WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID)—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

MARGIN RESERVED FOR BINDING