

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.

1 PLACE OF DEATH					CERTIFICATE OF DEATH COMMONWEALTH OF VIRGINIA	
COUNTY OF <u>Washington</u>					BUREAU OF VITAL STATISTICS	
MAGISTERIAL DISTRICT OF <u>Goodroy</u>					STATE BOARD OF HEALTH	
OR INC. TOWN OF <u>Island Road</u>					REGISTRATION DISTRICT NO. <u>9520</u>	REGISTERED NO. <u>15</u>
OR CITY OF _____ (No. _____) (If death occurred in a hospital or other institution, give its NAME instead of street and number)					(TO BE INSERTED BY REGISTRAR)	(FOR USE OF LOCAL REGISTRAR)
2 FULL NAME <u>Chester B. Pruitt</u>					ST. _____	WARD _____
(A) RESIDENCE No. _____ (Usual place of abode)					(If non-resident give city or town and State)	
Length of residence in city or town where death occurred			ys.	mos.	ds.	How long in U. S., if of foreign birth
						ys.
						mos.
						ds.
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>			16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) <u>Nov 3 1925</u>	
5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Nov 1 1925</u> TO <u>Nov 2 1925</u> THAT I LAST SAW HIM LIVE ON <u>Nov 2 1925</u>		
6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) <u>Dec 12 1840</u>				AND THAT DEATH OCCURED, ON DATE STATED ABOVE, AT <u>2:30</u> P. M. THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Croupy Bronchitis</u>		
7 AGE YEARS <u>84</u>	MONTHS <u>10</u>	DAYS <u>21</u>	IF LESS THAN 1 DAY, _____ HRS OR _____ MIN.		CONTRIBUTORY (SECONDARY) <u>old agt arterio-sclerosis</u> (DURATION) <u>2</u> YRS. _____ MOS. _____ DS.	
8 OCCUPATION OF DECEASED (A) TRADE, PROFESSION, OR PARTICULAR KIND OF WORK <u>Farmer</u> (B) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) _____ (C) NAME OF EMPLOYER _____				18 WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH: _____		
9 BIRTHPLACE (CITY OR TOWN) <u>Virginia</u> (STATE OR COUNTRY) _____				DID AN OPERATION PRECEDE DEATH? <u>No</u> DATE OF _____		
10 NAME OF FATHER <u>John Pruitt</u>				WAS THERE AN AUTOPSY? <u>No</u>		
11 BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Va</u> (STATE OR COUNTRY) _____				WHAT TEST CONFIRMED DIAGNOSIS? <u>Urinalyses</u>		
12 MAIDEN NAME OF MOTHER <u>Not known</u>				(SIGNED) <u>F. J. Sapp</u> M. D.		
13 BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____				. 19 (ADDRESS) <u>Distot Jun V</u>		
14 INFORMANT <u>J. H. Pruitt</u> (ADDRESS) <u>Prystal Va R</u>				*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.		
15 FILED <u>Nov. 9 1925</u> <u>D. D. Pettigrew</u> REGISTRAR				19 PLACE OF BURIAL, CREMATION, OR RE-MOVAL <u>Cedar Grove Va</u> DATE OF BURIAL <u>11-5</u>		
				20 UNDERTAKER <u>William J. Hovell</u> ADDRESS <u>Prystal Va</u>		

*snapp*  
26417