

Thompson, Shedrick (Shadrack): Death Certificate, Fauquier County

Metadata

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title: Thompson, Shedrick (Shadrack): Death Certificate, Fauquier County
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MARGIN RESERVED FOR BINDING

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. (SEE INSTRUCTIONS ON BACK OF CERTIFICATE.)

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

24687

1 PLACE OF DEATH
COUNTY OF Fauquier
MAGISTERIAL DISTRICT OF Marshall
OR
INC. TOWN OF _____
CITY OF _____ (If death occurred in a hospital or other institution, give its NAME instead of street and number)

REGISTRATION DISTRICT No. 302 REGISTERED No. 107
(TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)

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

2 FULL NAME Shadrack Thompson

(A) RESIDENCE. No. _____ ST. _____ WARD _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Ruth Thompson
(OR) WIFE OF _____

6. DATE OF BIRTH (month, day, and year)
7. AGE Years Months Days IF LESS THAN 1 DAY, HRS. OR MIN.
39 7 18 9 11

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Laborer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BAKK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) II. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Markham Virginia

13. NAME William Thompson

14. BIRTHPLACE (city or town) (State or country) Markham Va

15. MAIDEN NAME Rosevelt Butler

16. BIRTHPLACE (city or town) (State or country) Markham Virginia

17. INFORMANT Ruth Thompson
(Address) Markham, Va.

18. BURIAL, CREMATION, OR REMOVAL PLACE near Markham Va DATE Sept 15, 1932

19. UNDERTAKER none
(Address)

20. FILED 12-7-1932 Edward J. Stone
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH then or about July 20, 1932
(month, day, and year)

22. I HEREBY CERTIFY, THAT I INTENDED DECEASED FROM _____ TO _____ I LAST SAW dead Sept 15, 1932 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ N. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS: suicide by hanging himself by the neck Date of onset _____

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE: 165

NAME OF OPERATION _____ DATE OF _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: DATE OF ACCIDENT, SUICIDE, OR HOMICIDE: _____ INJURY _____ WHERE DID INJURY OCCUR? near Linden - Fauquier Co. (Specify city or town, county, and State) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

MANNER OF INJURY _____ NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____

IF SO, SPECIFY (SIGNED) Geo H. Davis Boomer M. D. (ADDRESS) Warrenton Va

1

County:Fauquier

Magisterial District:Marshall

Town:

City:

Registration District No.:302

Registered No.:107

File No.:24687

No. (or Hospital Name):

Street:

Ward:

Full Name:Shadrack Thompson

Residence:

Years:

Months:

Days:

Sex:Male

Color or Race:Col

Relationship:Married,Widowed

Name of Husband or Wife:Ruth Thompson

Date of Birth:Recorded

Month:Jun

Day:4

Year:1893

Age:Recorded

Years:39

Months:

Days:

Profession:Laborer

Nature of Business:

Name of Employer:
Birthplace:Recorded
City, Town, or County:Markham
State or Country:VA
Father's Name:(illegible) Thompson
Birthplace (city or town):Front Royal
Birthplace (state or country):(illegible)
Mother's Name (maiden name):(illegible)
Birthplace (city or town):Markham
Birthplace (state or country):VA
Informant Name:Ruth Thompson
Address:Markham, VA
Date Filed:Dec 7 1932
Registrar:
Date of Death:On or about July 20 1932
Time of Death:
Last Seen Alive:
Cause of Death:Suicide by hanging himself by the neck
Contributory (Secondary):165
Autopsy?:Yes
External causes?:Accident
Other Notes:injury occurred near Linden Fauquier Co
Signed (Physican):Geo H Davis, Coroner
Date:
Address:Warrenton VA
Place of Burial, Cremation, or Removal:Near Markham VA
Date of Burial:Sept 15, 1932
Undertaker:none
Address:
Additional text not entered above:

Contributions Message

Melisa Suarez Zapata, Mallory Todd, Gianluca De Fazio and The Library of Virginia