

**Clark, Walter: Death Certificate, Pittsylvania
County**

Metadata

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MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK (WRITING PENCIL)—THIS IS A PERMANENT RECORD.
 N. B.—Give full name of Informant; State N. or D. of Informant; and full name and address of Informant. Each statement of OCCUPATION is very important. See Instructions on back of certificate.

Form No. 12. **CERTIFICATE OF DEATH**
 COMMONWEALTH OF VIRGINIA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
25404

1. PLACE OF DEATH.
 County of _____
 Magisterial District of _____
 or
 Inc. Town of _____
 or
 City of Sauville Va (No. Newton St.; _____ Ward)
 (If death occurred in a Hospital or Institution give its NAME instead of street and number)

2 FULL NAME Walter Clark Residence In City _____ Yrs. _____ Mos. _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>col</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)			16 DATE OF BIRTH DEATH <u>Oct 12, 1917</u> (Name of month) (Day) (Year)	
6 DATE OF BIRTH _____ (Month) (Day) (Year)	7 AGE <u>about 40</u> yrs. _____ mos. _____ da. H I F S S than 1 day _____ hrs. or _____ min. 7				17 I HEREBY CERTIFY, That I attended deceased from <u>10/13, 1917, to 10/13, 1917</u> that I last saw h. _____ alive on <u>10/13, 1917</u> and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>gun shot wound</u> <u>170</u> <u>justifiable homicide. waiting on</u> <u>rust.</u> (Duration) _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)			<u>Laborer</u>		Contributory (SECONDARY) _____ (Designation) _____ yrs. _____ mos. _____ ds. (Signed) <u>C. B. Pritchett</u> <u>40</u> M. D. _____, 191____ (Address)	
9 BIRTHPLACE (State or Country)			<u>VA</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
10 NAME OF FATHER			<u>VA</u>		18 LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients, or recent Residents.) At place of death _____ yrs. _____ mos. _____ da. In the State _____ yrs. _____ mos. _____ da. Where was disease contracted, if not at place of death? Former or usual Residence _____	
11 BIRTHPLACE OF FATHER (State or Country)			<u>VA</u>		19 PLACE OF BURIAL OR REMOVAL At place of death _____ to UNDERTAKER <u>Clark Keel</u> <u>Halbourn & Crayshaw</u>	
12 MAIDEN NAME OF MOTHER			<u>VA</u>		DATE OF BURIAL <u>10/13, 1917</u> ADDRESS <u>233 Union</u>	
13 BIRTHPLACE OF MOTHER (State or Country)			<u>VA</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) <u>Sauville Va</u>						
15 Filed <u>10/13, 1917</u> Local Registrar (Date received by Registrar)			<u>C. B. Pritchett</u>			

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County:Pittsylvania

Magisterial District:

Town:

City:Danville VA

Registration Distrcet No.:2710

Registered No.:302

File No.:25404

No. (or Hospital Name):Newton

Street:

Ward:

Full Name:Walter Clark

Residence:

Years:

Months:

Days:

Sex:Male

Color or Race:col

Relationship:Not Recorded

Name of Husband or Wife:

Date of Birth:Recorded

Month:

Day:

Year:

Age:Recorded

Years:about 40

Months:

Days:

Profession:Laborer

Nature of Business:

Name of Employer:
Birthplace:Recorded
City, Town, or County:DK
State or Country:
Father's Name:DK
Birthplace (city or town):DK
Birthplace (state or country):
Mother's Name (maiden name):DK
Birthplace (city or town):DK
Birthplace (state or country):
Informant Name:
Address:Danville VA
Date Filed:10/13/1917
Registrar:C B Pritchett
Date of Death:Oct 12, 1917
Time of Death:
Last Seen Alive:
Cause of Death:Gun shot wound Justifiable homicide. resisting arrest
Contributory (Secondary):
Autopsy?:Yes
External causes?:Accident
Other Notes:
Signed (Physican):C B Pritchett HO
Date:
Address:
Place of Burial, Cremation, or Removal:Oak Hill
Date of Burial:10/13/1917
Undertaker:Holbrook & Coughaw
Address:233 Union
Additional text not entered above:

Contributions Message

Mallory Todd, Gianluca De Fazio, Andrew Coleman and The Library of Virginia