



Virginia Baptist Historical Society
JOHN R. BAGBY

**WINDOW ON LEFT
GIVEN IN MEMORY
OF CPT CHARLES
GOODALL SNEAD, CSA**

**WINDOW ON RIGHT
GIVEN IN MEMORY
OF DR. JOHN R.
BAGBY, BY J. ALFRED
RUCKER**



15753

BURIAL SERVICES FOR CAPT. SNEAD AND WIFE

Funeral services for Captain C. G. Snead, one of the most prominent citizens of Fluvanna county, who died Thursday afternoon at his home at Fork Union, were held Saturday at the Baptist church. Captain Snead's wife died a few days earlier than he and joint burial services were held for them at the family burying ground.

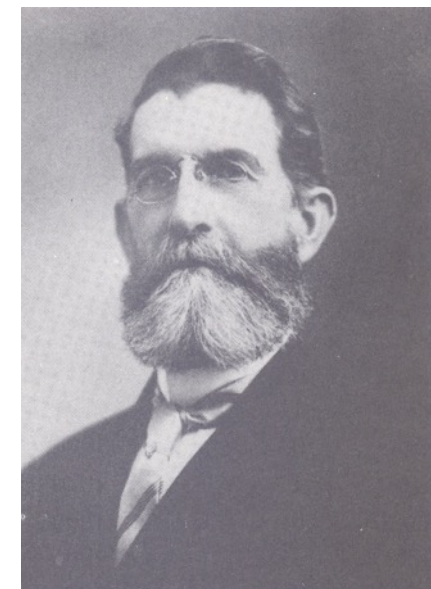
Capt. Snead, who was 84 years old, was commander of the Fluvanna County Confederate veterans a former chairman of the county Democratic committee, and had been active in politics, education and church affairs.

He was the son of Robert Snead, one of three brothers, who with William and Benjamin Snead, had married the three Pollard sisters. Each of the three brothers had seven sons, and Capt. Snead was the last survivor of the twenty-one, with one sister, Mrs. W. E. Hatcher, of Richmond, and a cousin, Miss Ella Snead Thomas, of the same generation.

Mrs. Snead, the second wife of Capt. Snead, was before her marriage Miss Betty Payne, his first wife being Miss Sadie Miller Broadus.

He was a Confederate veteran. Capt. Snead had been vice-president of the Fork Union Military Academy and had been active in its support.

He is survived by seven children, twenty-five grandchildren and four-great-grandchildren. The children are Mrs. Walter Daniel and Mrs. Sidney Allen, of Weldon, children by the first marriage; Mrs. E. Averitt, of New York; Mrs. W. O. Snead, Mrs. A. P. Burgess, Ellis Pollard Snead and Dr. George H. Snead.



CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

REGISTRATION DISTRICT NO. 3220 REGISTERED NO. 27
(TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)

(No. _____ ST. _____ WARD _____)

(If death occurred in a hospital or other institution give its NAME instead of street and number)

1 PLACE OF DEATH

COUNTY OF Fluvanna
MAGISTERIAL DISTRICT OF Fork Union
OR
INC. TOWN OF _____
OR
CITY OF _____

2 FULL NAME Charles Goodall Snead

(A) RESIDENCE, No. Fork Union Va WARD _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 84 yrs. 7 mos. 1 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) Widowed

5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Mary Payne

6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) December 8 - 1840 19 _____

7 AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS OR _____ MIN. 84 7 1

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) Fork Union (STATE OR COUNTRY) Fluvanna

10 NAME OF FATHER George Haliman Snead

11 BIRTHPLACE OF FATHER (CITY OR TOWN) Fork Union (STATE OR COUNTRY) Fluvanna

12 MAIDEN NAME OF MOTHER Orance Johnson Pollard

13 BIRTHPLACE OF MOTHER (CITY OR TOWN) Fork Union (STATE OR COUNTRY) Fluvanna

14 INFORMANT Geo W Snead (ADDRESS) Fork Union, Va

15 FILED July 11 1925 R. J. Snead REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) July 9 1925

17 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM July 15 1925 TO July 9 1925

THAT I LAST SAW HIM ALIVE ON June 20 1925

AND THAT DEATH OCCURED, ON DATE STATED ABOVE, AT 5 P. M. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis & Myocarditis

(DURATION) _____ YRS. 5 MOS. _____ DS.

CONTRIBUTORY (SECONDARY) Smoking

(DURATION) _____ YRS. _____ MOS. _____ DS.

18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(SIGNED) Francis G. ... M. D.

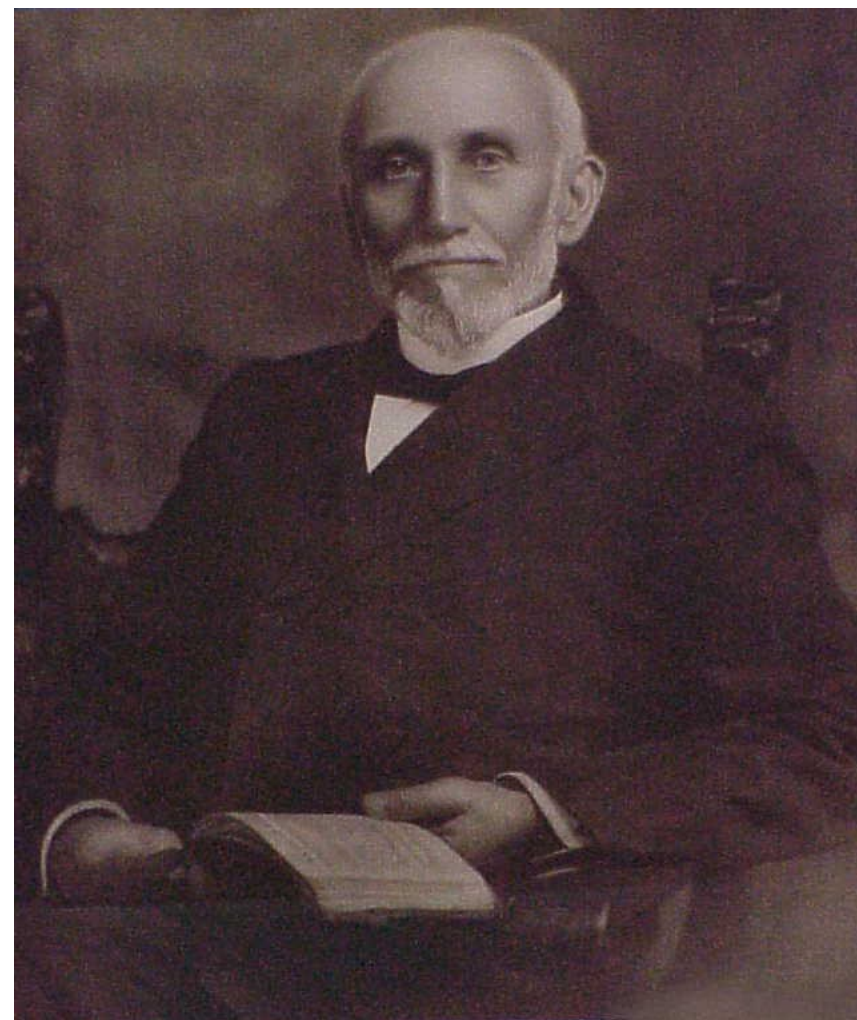
19 (ADDRESS) Fork Union Va

*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 RE-MOVAL at home DATE OF BURIAL July 11 1925

20 UNDERTAKER J. C. Snead ADDRESS Fork Union

PARENTS



DEATHS IN VIRGINIA

Rev. John R. Bagby, D. D.

News of the death of Rev. John R. Bagby, D. D., of Ballsville, was received here yesterday afternoon by friends of the aged Baptist minister.

Dr. Bagby was in his eightieth year. More than a year ago he suffered a stroke of paralysis, which incapacitated him for active work. He had been confined to his home, an invalid, for many months, and his end was not unexpected. He passed away at an early hour yesterday morning.

For more than fifty years Dr. Bagby was in charge of two Baptist churches in Powhatan County, his two congregations being in Mount Moriah and Muddy Creek. The aged minister had endeared himself to the people of Powhatan, and his death caused genuine sorrow. He numbered among his friends and admirers people of every religious denomination.

He was a member of the board of trustees of Richmond College, and came to Richmond last summer to attend the commencement exercises at the college, although he was then in feeble condition.

He is survived by his widow, who was Miss Pattie Taylor, of Powhatan; one son, J. Hatcher Bagby, of Richmond, and two daughters, Mrs. James Pattee, of Orange County, and Mrs. John H. Jones, of Powhatan.

The funeral services will be held at Mount Moriah Baptist Church, Powhatan, tomorrow. Details of the obsequies are yet to be arranged.



COMMONWEALTH OF VIRGINIA
STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1. PLACE OF DEATH.
 County of Powhatan
 District of Maesul or Ballville
 Inc. Town of Ballville
 City of _____ (No. _____ St.; _____ Ward)

Registration District No. 722 File No. 4245
 Primary Registration District No. 722a Registered No. 4

2. FULL NAME Rev. Jno. R. Bagby D. D. Residence In City _____ Yrs. _____ Mos. _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED, WIDOWED, OR DIVORCED. <u>married</u>	16 DATE OF DEATH <u>Feb. 23rd, 1915</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>December 7, 1832</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____, 1913, to _____, 1915	
7 AGE <u>83</u> yrs. <u>2</u> mos. <u>15</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?	that I last saw him alive on <u>Feb. 22, 1915</u> and that death occurred, on the date stated above, at <u>2 45^{PM}</u> . The CAUSE OF DEATH* was as follows: <u>Paralysis</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Minister of the Gospel</u> (b) General nature of Industry, business, or establishment in which employed (or employer) _____			(Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or Country) <u>Powhatan Co. Virginia</u>			Contributory (SECONDARY) <u>Broken leg - accidental fall</u> (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>Daniel Bagby</u>	(Signed) _____ M. D.		
	11 BIRTHPLACE OF FATHER (State or Country) <u>Powhatan Va.</u>	<u>Ballville</u> 191 (Address) <u>Rebeccah St.</u>		
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Bagby</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or Country.) <u>Powhatan Co. Va.</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or recent Residents) At place _____ In the _____ State _____ of death _____ yrs. _____ mos. _____ ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Jno. R. Bagby</u> (Address) <u>Ballville, Va.</u>			Where was disease contracted, If not at place of death? Former or usual Residence _____	
15 Filed <u>Mch. 1915</u> <u>Mary Weeson</u> LOCAL REGISTRAR			19 PLACE OF BURIAL OR REMOVAL. <u>mt. moriah church</u> DATE OF BURIAL <u>Feb. 23rd, 1915</u>	
			20 UNDERTAKER <u>Mr. Maynard Freund</u> ADDRESS <u>Sunny Side, Va.</u>	