TOM SMITH

FORK UNION MILITARY ACADEMY

JANITOR

PHOTO: 1920 FUMA YEARBOOK

He had been hired by Dr. Hatcher

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

19479

1 PLACE OF DEATH
COUNTY OF Fluvanna
MAGISTERIAL DISTRICT OF
OR
INC. TOWN OF Fork Union
OR
CITY OF

REGISTRATION DISTRICT NO. 322A (TO BE INSERTED BY REGISTRAR) REGISTERED NO. 21 (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)

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 Tom Smith

(A) RESIDENCE. No. Fork Union Va 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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Lucy Smith

6. DATE OF BIRTH (month, day, and year) 1855(?)

7. AGE: Years 79+ | Months — | Days — | IF LESS THAN 1 DAY, ____ HRS. OR ____ MIN.

OCCUPATION
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.: Janitor
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.: at F.U.M.A.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Fluvanna

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): —

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Johnnie Morris
(ADDRESS) Fork Union

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thessalonia DATE Aug. 18, 1935

19. UNDERTAKER: None
(ADDRESS)

20. FILED 18, 1935 E. Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 17, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug 16, 1935 TO Aug 17, 1935
I LAST SAW H. ~~in~~ ALIVE ON Aug 17, 1935 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:05 A.M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS:

	Date of onset
Senility	

93 S

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE:

Myocarditis

NAME OF OPERATION ____ DATE OF ____
WHAT TEST CONFIRMED DIAGNOSIS? clinical WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
ACCIDENT, SUICIDE, OR HOMICIDE? ____ DATE OF INJURY ____
WHERE DID INJURY OCCUR? ____ (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 ____
WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? ____
IF SO, SPECIFY ____

(SIGNED) J. H. Goalman M. D.
(ADDRESS) Fork Union Va