STAINED GLASS WINDOW OF THE GOOD SAMARITAN. IN MEMORY OF WHITMEL S. FORBES BY GEORGE S. KEMP.

HEALTH BUREAU
Received
AUG 6 1930
RICHMOND, VA.

Form V. S. No. 12—12-9-29.

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

19080

REGISTRATION DISTRICT NO. _____ REGISTERED NO. 1710
(TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)

1 PLACE OF DEATH
COUNTY OF Henrico
MAGISTERIAL DISTRICT OF _____
OR INC. TOWN OF _____
OR CITY OF Richmond
(No. 3401 Monument Ave ST. Lee 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. 9 mos. _____ ds. _____ How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds

2 FULL NAME Whitmel Stallings Forbes

(A) RESIDENCE. No. 3401 Monument Ave ST. Lee WARD
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanchard

6. DATE OF BIRTH (month, day, and year) Dec 23 1851

7. AGE Years	Months	Days	IF LESS THAN 1 DAY, ... HRS. OR ..... MIN.
78	7	13	

OCCUPATION
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Wholesale
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Meat Packer
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) 1930
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 30 years most

12. BIRTHPLACE (city or town) Gates Co. (State or country) N. C.

FATHER
13. NAME Wm P. Forbes
14. BIRTHPLACE (city or town) _____ (State or country) N. C.

MOTHER
15. MAIDEN NAME Jane Christian Stallings
16. BIRTHPLACE (city or town) _____ (State or country) N. C.

17. INFORMANT (ADDRESS) Blanchard Forbes Richmond Va

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hollywood DATE Aug. 7, 1930

19. UNDERTAKER (ADDRESS) L. J. Christian Richmond Va

20. FILED 8-6 1930 W. B. Forter
Registrar.

MEDICAL CERTIFICATE OF DEATH

74a

21. DATE OF DEATH (month, day, and year) Aug 6, 1930

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 21, 1930 TO Aug 6, 1930
I LAST SAW HIM ALIVE ON June, 1930 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6:30 A M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS:

	Date of onset
Cerebral Hemorrhage	8/6/30

90

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE:
Unrecorded Degeneration

NAME OF OPERATION none DATE OF —
What test confirmed diagnosis? Clinical acquaintance 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 _____

24. WAS DISEASE OR INJURY IN any WAY RELATED TO OCCUPATION OF DECEASED? no
IF SO, SPECIFY _____
(SIGNED) Thos Rennett, M. D.
(ADDRESS) Richmond, Va

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)