

**CERTIFICATE OF DEATH**

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

10798

2020 Registered No. <u>256</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence bet. at _____) a. STATE <u>Virginia</u> b. COUNTY _____	
1. PLACE OF DEATH a. COUNTY <u>Alexandria</u>		b. MAGISTERIAL DISTRICT _____	
c. CITY OR TOWN <u>Alexandria</u>		d. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. HOSPITAL OR INSTITUTION <u>Residence</u>		f. LENGTH OF STAY <u>3 years</u>	
NAME OF DECEASED (Type or Print) a. (First) <u>LUZERNE</u> b. (Middle) <u>ATWELL</u> c. (Last) <u>BLUE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1958</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 5, 1897</u>	
9. AGE (In years last birthday) <u>61</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Chinchilla Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Washington, D. C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
FATHER'S NAME <u>Charles H. Blue</u>		14. MOTHER'S MAIDEN NAME <u>Ida Mae Reamer</u>	
NAME OF HUSBAND OR WIFE OF DECEASED <u>Helen Blue</u>		16. SOCIAL SECURITY NO. <u>220-26-6238</u>	
17. INFORMANT'S SIGNATURE <u>Helen Blue</u>		ADDRESS <u>614 Bashford Lane, Alex., Va.</u>	
1. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Altogether congenital heart failure &amp;</u> <u>terminal pneumonitis</u>			INTERVAL BETWEEN ONSET AND DEATH  <u>4341</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u>			
ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20c. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
INJURY OCCURRED AT HOME <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
SIGNATURE _____ (Degree or title)		22b. ADDRESS _____	22c. DATE SIGNED _____
23a. CREMATION, BURIAL (Specify) <u>BURIAL</u>	23b. DATE <u>7/31/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arlington Natl.</u>	23d. LOCATION (City, town, or county) <u>Arlington Va.</u>
24. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Chambers Co.</u>		ADDRESS <u>3072 M St., N.W., Wash., D.C.</u>	