

Pvt Abraham Wolfe Shue

Birth: Apr. 22, 1833

Augusta County

Virginia, USA

Death: Aug. 5, 1913

Augusta County

Virginia, USA

Co.F,52nd Va.Inf.Regt.

Family links:

Children:

John William Shue (1858 - 1940)*

*Calculated relationship

Note: Birth year is wrong on stone per 3 censuses.

Burial:

Saint James Evangelical Lutheran Church Cemetery

Augusta County

Virginia, USA

Created by: Scott Hutchison

Record added: Oct 14, 2007

Find A Grave Memorial# 22194631

MARGIN RESERVED FOR BINDING

NOTE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
 Information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH in plain terms, so that it may be properly classified. Exact statement not. See instructions on back of certificate.

of street and number.]

2. FULL NAME *Abraham W. Shue* Residence In City.....Yrs.....Mos.....Days.....
 (1022) (13053-1031B)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED, WIDOWED, OR DIVORCED. <i>married</i> (Write the word)	16 DATE OF DEATH <i>August 5, 1913</i> (Month) (Day) (Year)	
6 DATE OF BIRTH <i>April 22, 1883</i> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <i>May 20, 1913, to Aug 4, 1913</i>	
7 AGE <i>80</i> yrs. <i>3</i> mos. <i>14</i> ds. If LESS than 1 day, ___ hrs. or ___ min.?			that I last saw him alive on <i>Aug 4, 1913</i>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>Blacksmith</i> (b) General nature of industry, business, or establishment in which employed (or employer)			and that death occurred, on the date stated above, at <i>6</i> m. The CAUSE OF DEATH* was as follows: <i>Chronic Arteriosclerosis, Rheumatism</i>	
9 BIRTHPLACE (State or Country) <i>Augusta Co. Va.</i>			<i>about 4</i> (Duration) ___ yrs. ___ mos. ___ ds.	
PARENTS	10 NAME OF FATHER <i>Joseph W. Shue</i>		Contributory (SECONDARY) <i>Pressure gangrene of feet</i> (Duration) ___ yrs. ___ mos. <i>8</i> ds.	
	11 BIRTHPLACE OF FATHER (State or Country) <i>Virginia</i>		(Signed) <i>H. Fitzhugh White</i> M. D.	
	12 MAIDEN NAME OF MOTHER <i>- Wolf</i>		<i>Aug 8, 1913</i> (Address) <i>Fishersville Va</i>	
	13 BIRTHPLACE OF MOTHER (State or Country.) <i>Virginia</i>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or recent Residents) At place _____ In the _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.				

SAVE