

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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.

B.V.S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

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1. PLACE OF DEATH

County Wake Registration District No. 92-05 Certificate No. 15-
Township House Creek or Village _____
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or 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

Alice Lee Garner

(a) Residence: No. Cary N.C. Route # 1 St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Feb 24, 1913

7. AGE Years 26 Months 7 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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) Halifax County N.C.

13. NAME H.C. Garner

14. BIRTHPLACE (city or town) _____
(State or country) Northampton County

15. MAIDEN NAME Bessie Mingia

16. BIRTHPLACE (city or town) _____
(State or country) Halifax County N.C.

17. INFORMANT H.C. Garner
(Address) Cary N.C. R #1

18. BURIAL, CREMATION, OR REMOVAL
Place Wake Co. Date Oct. 22, 1939

19. UNDERTAKER Mitchell Funeral Home Inc.
(Address) Raleigh N.C.

20. FILED 10-23 1939 Al Bulla

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1939 to Oct 21, 1939
I last saw her alive on Oct 21, 1939 death is said to have occurred on the date stated above, at 7:00p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hydrocephalus congenital

Contributory causes of importance not related to principal cause:

Name of operation no date of _____

What test confirmed diagnosis? X-ray 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 _____, 1939

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) E. Y. Kandel M. D.

(Address) Raleigh N.C.