

This is a legal record and will be permanently filed.

Type or write legibly.
Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

Birth No. 132

JAN 6 1950

REGISTRATION
DISTRICT NO.

42-60

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28300

1. PLACE OF DEATH a. COUNTY Halifax			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE North Carolina b. COUNTY Halifax		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roanoke Rapids			c. LENGTH OF STAY (in this place) 35 yrs		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Roanoke Rapids Hospital			e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roanoke Rapids		
3. NAME OF DECEASED (Type or Print) a. (First) NERVA b. (Middle) MAE c. (Last) GARNER			d. STREET ADDRESS 1100 Franklin Street		
			4. DATE OF DEATH Nov. 16 1949 (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 7, 1914	9. AGE In years 35 In months 0 days In hours 0 min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Recreation Director			10b. KIND OF BUSINESS OR INDUSTRY Rosemary Mfg. Co.		
13. FATHER'S NAME James T. Garner			11. BIRTHPLACE (State or foreign country) North Carolina		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
16. SOCIAL SECURITY NO. X 241-09-4916			17. INFORMANT'S NAME AND ADDRESS C. L. Everett 1100 Franklin St. Roanoke Rapids, N.C.		
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			INTERVAL BETWEEN ONSET AND DEATH 3 weeks.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) Pregnancy Live birth Nov. 16-49 6:25 P.M. DUE TO (c) 32 weeks gestation		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
18a. DATE OF OPERATION			18b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY		
21a. ACCIDENT SUICIDE HOMICIDE			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED m. WHILE AT WORK NOT WHILE AT WORK		
21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from June 14, 1949, to Nov. 16, 1949, that I last saw the deceased alive on Nov. 17, 1949, and that death occurred at 11:20 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Katherine Leathers			(Degree or title) 23b. ADDRESS Roanoke Rapids, N.C.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Nov. 19, 1949		
24c. NAME OF CEMETERY OR CREMATORIAL Cedarwood Cemetery			24d. LOCATION (City, town, or county) Roanoke Rapids, N. C.		
DATE REC'D BY LOCAL REG.			25. FUNERAL DIRECTOR Williams Funeral Home		
12-20-49			ADD: E. Williams Funeral Home Roanoke Rapids, N.C.		
E. K. Gray					