

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).

FORM 8  
Rev. 1/48

Birth No. 132.....

DEC 6 1949 \* 45  
REGISTRATION  
DISTRICT NO. 42-60

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25535

1. PLACE OF DEATH a. COUNTY <b>Halifax</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Virginia</b> b. COUNTY <b>Greenville</b>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Roanoke Rapids, N. C.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Skippers</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Roanoke Rapids Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Route # I</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mamie</b> b. (Middle) <b>Garner</b> c. (Last) <b>West</b>		4. DATE OF DEATH (Month) <b>11</b> (Day) <b>25</b> (Year) <b>49</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr. 9 1886</b>
9. AGE (In years last birthday) <b>61</b>		10. IF UNDER 1 YEAR: Months <b>11</b> Days <b>25</b> Hours <b>49</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Homsewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homsewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Greenville Co. Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Sam Garner</b>		14. MOTHER'S MAIDEN NAME <b>Cynthia Virginia <del>XXXXX</del> Matthews</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S NAME AND ADDRESS <b>Mrs. Lethia Hansley Roanoke Rapids</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>334x</b>	
19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Nov 12, 1949</b> to <b>Nov 24, 1949</b> that I last saw the deceased alive on <b>Nov 12, 1949</b> and that death occurred at <b>10 p.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Roanoke Rapids, N. C.</b>	
23c. DATE SIGNED <b>11-28-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>11-26-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cedarwood</b>	
24d. LOCATION (City, town, or county) (State) <b>Roanoke Rapids N.C.</b>		25. FUNERAL DIRECTOR <b>Williams Funeral Home-Roanoke Rapids</b>	