

SEP 14 1959

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

21772

REGISTRATION DISTRICT NO. 42.70

REGISTRAR'S CERTIFICATE NO. 156

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).

1. PLACE OF DEATH a. COUNTY Halifax b. TOWNSHIP Roanoke Rapids c. LENGTH OF STAY (in 1a) 3 days		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C. b. COUNTY Halifax c. CITY OR TOWN Roanoke Rapids d. STREET ADDRESS or R. F. D. NO. 135 Hamilton St	
d. CITY OR TOWN Roanoke Rapids Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) Roanoke Rapids Hospital			
3. NAME OF DECEASED (Type or Print) Emma Wrenn		4. DATE OF DEATH 8/25/59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 28, 1885
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME James P. Porch		14. MOTHER'S MAIDEN NAME Garner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. --	
17. INFORMANT'S NAME AND ADDRESS Mr. Willie Wrenn, Roanoke Rapids, N.C.		NAME OF HUSBAND OR WIFE Willie Wrenn	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 4 days (5 yrs 15 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR 7:50		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP COUNTY STATE	
21. I attended the deceased from 8/22 , 19 59 , to 8/25 , 19 59 , and last saw her alive on same , 19 59 . Death occurred at 7:50 m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE A. C. Madbury, M.D. (Degree or title)		22b. ADDRESS Roanoke Rapids	
22c. DATE SIGNED 9-2-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 27, 1959	
23c. NAME OF CEMETERY OR CREMATORY Lebanon Church Cem.		23d. LOCATION (City, town, or county) (State) Northampton Co., N.C.	
24. DATE REC'D BY LOCAL REG. 9-9-59		25. REGISTRAR'S SIGNATURE Robert F. Young	
26. FUNERAL DIRECTOR Wrenn Funeral Home, Roanoke Rapids, NC		ADDRESS	

FORM 8
Rev. 1-56

THIS COPY FOR STATE BOARD OF HEALTH