

Birth No. 132

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICSOCT 6 1955  
REGISTRATION 42.00  
DISTRICT NO.REGISTRAR'S  
CERTIFICATE No. 32

## CERTIFICATE OF DEATH

21769

This is a legal record and will be permanently filed.

Type or write legibly.  
Use black ink.

0-

200

All items must be complete and accurate.

3

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 this place) Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C.	b. COUNTY Halifax
d. CITY OR TOWN Roanoke Rapids		e. CITY OR TOWN Roanoke Rapids	f. STREET ADDRESS or R. F. D. NO. Route 2	Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION at home				
3. NAME OF DECEASED Annie Bell	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Sept. 20 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 30, 1882	9. AGE (In years last birthday) 72
10a. 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) N.C.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Peter Porch		14. MOTHER'S MAIDEN NAME Lucy Garner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S NAME AND ADDRESS Mrs. Mack Smith, Route 2	Roanoke Rapids, NC
18. CAUSE OF DEATH Enter only one cause per Line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 443X ✓				
MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1954, to Sept. 1955, that I last saw the deceased alive on Sept. 13, 1955, and that death occurred at 6 a.m., from the causes and on the date stated above.				
23a. SIGNATURE Edward H. Vise MD	(Degree or title)	23b. ADDRESS Roanoke Rapids N.C.	23c. DATE SIGNED 9/23/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 21, 1955	24c. NAME OF CEMETERY OR CREMATORIAL Lebron Church Cemetery	24d. LOCATION (City, town, or county) Northampton Co., NC	(State)
DATE REC'D BY LOCAL REG. 9-30-55	REGISTRAR'S SIGNATURE Robert F. Young, M.D.	25. FUNERAL DIRECTOR Wrenn Funeral Home, Roanoke Rapids, NC	ADDRESS	