

OCT 7 1968

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

31069

*4200*  
TYPE, OR PRINT IN  
PERMANENT  
BLACK INK

REGISTRATION  
DISTRICT NO. *42-80*

LOCAL NO.

NAME OF DECEASED				FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)		
1. ARCHER LEE GARNER							2. September 18, 1968		
SEX	COLOR OR RACE	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		DATE OF BIRTH	AGE	IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS HOURS MIN.	
3. Male	White	5. North Carolina		6. March 29, 1889	79				
PLACE OF DEATH COUNTY 8a. Halifax				USUAL RESIDENCE WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION STATE 9a. North Carolina					
NAME OF HOSPITAL OR INSTITUTION 8c. Roanoke Rapids Hospital				CITY OR TOWN 8b. Roanoke Rapids			COUNTY 9b. Halifax		
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY 10. Married				SURVIVING SPOUSE IF WIFE, GIVE MAIDEN NAME 11. Ada Fulghum			INSIDE CITY LIMITS SPECIFY YES OR NO 9d. No		
CITIZEN OF WHAT COUNTRY? 12. U. S. A.				SOCIAL SECURITY NUMBER 13. 238-56-7812			USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Farmer		
FATHER'S NAME 15. J. H. Garner				MOTHER'S MAIDEN NAME 16. Eliza Glasgow			KIND OF BUSINESS OR INDUSTRY 14b. Farming		
INFORMANT'S NAME AND ADDRESS 17. Mr. Archer Lee Garner, Jr. 644 Raleigh Street Roanoke Rapids, N. C.									
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, 1c 1a. IMMEDIATE CAUSE: <i>Myocardial Infarction</i> <span style="float: right;"><i>L/lay</i></span> 1b. DUE TO, OR AS A CONSEQUENCE OF: 1c. DUE TO, OR AS A CONSEQUENCE OF:  18. DUE TO, OR AS A CONSEQUENCE OF: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 19a. <i>Asthma + coronary stenosis</i> <span style="float: right;">19b. <i>No</i> 19c.</span> ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b)  20a. TIME OF INJURY      MONTH      DAY      YEAR      HOUR      20b. INJURY AT WORK (SPECIFY YES OR NO)      PLACE OF INJURY AT HOME, FARM, STREET, FACTORY OFFICE BLDG., ETC. (SPECIFY)      CITY OR R.F.D.      COUNTY      STATE  20c.      20d.  CERTIFICATION-PHYSICIAN: I ATTENDED THE DECEASED FROM <i>9-16-1968</i> TO <i>9-18-1968</i> AND LAST SAW HIM HER ALIVE ON <i>9-17-1968</i> DEATH 21. OCCURRED AT <i>7:05 AM</i> ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED SIGNATURE OF CERTIFIER <i>W. H. Brown</i> DEGREE OR TITLE <i>MD</i> DATE SIGNED <i>9-18-68</i> ADDRESS <i>Roanoke Rapids NC</i>  22. CAUSE(S) STATED ABOVE THE DECEASED WAS PROCLAIMED DEAD AT <i>AL OR 19</i>  BURIAL, CREMATION, OTHER (SPECIFY) 24a. Burial <i>9-20-1968</i> NAME OF CEMETERY OR CREMATORIAL <i>Crestview Mem. Ceme.</i> LOCATION <i>Roanoke Rapids, N. C.</i> FURNERAL HOME <i>Wrenn-O'Neal</i> ADDRESS <i>Roanoke Rapids, N.C.</i> SIGNATURE OF FUNERAL DIRECTOR <i>Robert L. Stevenson</i> LICENSE NO. <i>712</i>  DATE REC'D BY LOCAL REG. <i>9-20-68</i> SIGNATURE OF REGISTRAR <i>Mrs. C. Gregory</i> SIGNATURE OF EXAMINER <i>Robert L. Stevenson</i> LICENSE NO. <i>1162</i>									

STATE BOARD  
OF HEALTH  
COPY*H1075*

Permit issued

*9-19-68*  
Date