

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County Township Town City	Halifax 42 Roanoke Rapids Roanoke Rapids No. Joe Medlin	42 Registration District No. 112-2289 PR Hospital 345 St. Ward	North Carolina State Board of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Certificate No. 4										
		[If death occurred in a hospital or institution, give its NAME instead of street and number.]											
<b>PERSONAL AND STATISTICAL PARTICULARS</b> <b>SEX</b> Male <b>COLOR OR RACE</b> White <b>SINGLE, MARRIED, WIDOWED, or DIVORCED</b> married <b>DATE OF BIRTH</b> Unknown (Month) 1 (Day) (Year) <b>AGE</b> about 54 yrs. mos. ds. <b>IF LESS than 1 day, hrs. or min.</b> <b>OCCUPATION</b> (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <b>EDUCATIONAL ATTAINMENTS</b> Common School <b>BIRTHPLACE</b> Halifax County <b>PARENTS</b> <table border="1"> <tr> <td>NAME OF FATHER</td> <td>Mr V. Medlin</td> </tr> <tr> <td>BIRTHPLACE OF FATHER (State or Country)</td> <td>Halifax County</td> </tr> <tr> <td>MAIDEN NAME OF MOTHER</td> <td>Mrs Fulgham</td> </tr> <tr> <td>BIRTHPLACE OF MOTHER (State or Country)</td> <td>Halifax County</td> </tr> </table>				NAME OF FATHER	Mr V. Medlin	BIRTHPLACE OF FATHER (State or Country)	Halifax County	MAIDEN NAME OF MOTHER	Mrs Fulgham	BIRTHPLACE OF MOTHER (State or Country)	Halifax County	<b>MEDICAL CERTIFICATE OF DEATH</b> <b>DATE OF DEATH</b> Mar. 11, 1917 <b>I HEREBY CERTIFY, That I attended deceased from</b> 3-10-1917 to 3-11-1917 <b>that I last saw h. 42 alive on</b> 3-11-1917 <b>and that death occurred on the date above stated, at</b> 401 Rosemary Ave. <b>The CAUSE OF DEATH*</b> was as follows: <i>asthma</i> ✓ <b>Contributory (Secondary)</b> Chronic interstitial nephritis <b>(Signed)</b> R. P. Beckwith, M.D. <b>(Address)</b> 3-11, 1917 Rosemary Ave. <small>*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.</small>	
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<b>THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) Frank Medlin (Address) 3 Eldon Rd Filed Mar. 15, 1917 Wm. S. Hancock Registrar				<b>LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)</b> At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 23 Rosemary Ave. <b>PLACE OF BURIAL OR REMOVAL</b> Halifax County <b>UNDERTAKER</b> E. B. Hooten Roanoke Rapids <b>DATE OF BURIAL</b> Mar. 12, 1917 <b>ADDRESS</b>									