

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 Every item of information should be carefully supplied. The correct age is especially important.
 Please write the causes of death clearly and legibly.

PHYSICIANS:

B. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

BS APR 6 1946

CERTIFICATE OF DEATH

4983

1. PLACE OF DEATH:	
(a) County	Halifax
(b) Township	
(If in town limits, leave blank)	
(c) City or town	Roanoke Rapids
(If outside city or town limits, write RURAL)	
(d) Street, hospital or institution	R.F. Hospital
(e) Length of stay in hospital or institution	2 Days
(Yrs., mos., or days)	
In this community	
(Yrs., mos., or days)	

Registration Dist. No. 42. 60		Certificate No. 42	
2. HOME (USUAL RESIDENCE) OF DECEASED:			
(a) State	Va.	(b) County	Greenville
(c) City or town	Skippers		
(d) Street or R.F.D.	R.F.D.		
(e) Is place of residence in corporate limits?	NO		
(f) If foreign born, how long in U.S.A.? _____ years			

3(a) FULL NAME Mary Alberta Moss		
3(b) If veteran, name war		3(c) Social Security No.
4. Sex	5. Color or Race	6(a) Single, married, widowed, or divorced.
Female	White	Single
6(b) Name of husband or wife		
(c) Age of husband or wife if alive years.		
7. Birth date of deceased Sept. 15 1861 (month, day and year)		
8. AGE: Years Months Days If less than one day hrs. mins.		
83 5 6		

9. Birthplace Greenville Co. Va. (City, town, or county) (State or foreign country)		
10. Usual occupation None		
11. Industry or business		

MOTHER FATHER	12. Name Richard Moss		
	13. Birthplace Greenville Co. Va.		
MOTHER	14. Maiden Name Mary Garner		
	15. Birthplace Greenville Co. Va.		

16(a) Informant's Signature Miss Irene Moss		
(b) Address Grysburg N.C.		

17(a) Burial (b) Date thereof 3-23-45 (Burial, cremation, or removal) (Month, day, year)		
(c) Cemetery Zion Church		
(d) Location Skippers Va.		

18(a) Funeral director J.R. Trenn		
(b) Address Roanoke Rapids N.C.		

19(a) 3-27 1945 (b) E.A. Gray		
Filed	Registrar	

MEDICAL CERTIFICATION		
20. Date of death	March 21	1945 at 5:15 AM
21. I certify that death occurred on the date above stated; that I attended deceased from April 1945 to May 21 1945 and that I last saw her alive on Apr. 21 1945		
Immediate cause of death Bronchitis pneumonia		
Duration 5 days		
Due to		
Due to		
Other conditions (Include pregnancy within 3 months of death)		
Major findings: Of operations		
Of autopsy		

22. If death was due to external causes, fill in the following:		
(a) Accident, suicide, or homicide (specify)		
(b) Date of occurrence		
(c) Where did injury occur?		
(d) Did injury occur about home, on farm, in industrial place, in a public place? (Specify type of place)		
While at work?		
(e) Means of injury		
23. Signature John W Martin M.D.		
Address Roanoke Rapids N.C. Date signed Mar. 27-45		