

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. PHYSICIANS: Please write the causes of death clearly and legibly.

B. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BS APR 6 1945

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.E. 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: XXXX

(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 Female 5. Color or Race White 6(a) Single, married, widowed, or divorced. 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 83 Months 5 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

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.

14. Maiden Name Mary Garner

15. Birthplace Greenville Co. Va.

16(a) Informant's Signature Miss Irene Moss

(b) Address Garysburg 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. Tenn

(b) Address Roanoke Rapids N.C.

19(a) 3-27-45 (b) E.R. Gray  
Filed Registrar

200 MEDICAL CERTIFICATION

20. Date of death March 21 19 45 at 5:11 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 19 45 to March 21 19 45 and that I last saw her alive on March 20 19 45

Immediate cause of death Pneumonia Duration 5 days

Due to \_\_\_\_\_

Due to 101

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Physician Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_  
(City or town) (County) (State)

(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 Va. Date signed Mar. 24-45