

## 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

FEB 6 1948

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

1366

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	
(a) County	Northampton
(b) Township	Gaston
(If in town limits, leave blank)	
(c) City or town	
(If outside city or town limits, write RURAL)	
(d) Street, hospital or institution	
(e) Length of stay in hospital or institution	(Yrs., mos., or days)
In this community	years
(Yrs., mos., or days)	

Registration Dist. No. 6600 Certificate No. 1

## 2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State	N.C.	(b) County	Northampton
(c) City or town	Gaston		
(d) Street or R.F.D.			
(e) Is place of residence in corporate limits?			
(f) If foreign born, how long in U.S.A.? years			

3(a) FULL NAME	Sallie Collier Camp		
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	Widowed	
6(b) Name of husband or wife	T. H. Camp		
(e) Age of husband or wife if alive	years.		
7. Birth date of deceased	Jan. 24 1870		
(month, day and year)			
8. AGE:	Years	Months	Days
77	11	10	If less than one day hrs. mins.
9. Birthplace	Northampton Co.		
(City, town, or county)		(State or foreign country)	
10. Usual occupation	None		
11. Industry or business			
12. Name	William H. Collier		
MOTHER FATHER			
13. Birthplace	Northampton Co.		
14. Maiden Name	Rebecca Garner		
15. Birthplace	Northampton Co.		
16(a) Informant's Signature	Mrs. Roland Massey		
(b) Address	Gaston N.C.		
17(a) Burial	(b) Date thereof 1-6-48		
(Burial, cremation, or removal) (Month, day, year)			
(c) Cemetery	Family		
(d) Location	Northampton Co.		
18(a) Funeral director	J. E. Frenn		
(b) Address	Roanoke Rapids N.C.		
19(a) Filed	1948 (b) Mrs. C. J. Jordan		

MEDICAL CERTIFICATION		
20. Date of death	Jan. 4 1948	at 7:00 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1948 to Jan. 4 1948 and that I last saw her alive on Jan. 4 1948.		
Immediate cause of death	Coronary Thrombosis	
Due to	Generalized Arterialclerosis	
Duration	2 days	
Due to	5 yrs	
Other conditions	(Include pregnancy within 3 months of death)	
Major findings:	Underline the cause to which death should be charged statistically.	
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? (City or town) (County) (State)		
(d) Did injury occur about home, on farm, in industrial plant, in a public place? (Specify type of place)		
While at work?		
(e) Means of injury		

*Signature of Dr. J. E. Frenn, M.D.  
Address: Roanoke Rapids N.C.  
Date signed: Jan 30 1948*