

OCT 6 1961

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

25737

REGISTRATION
DISTRICT NO.REGISTRAR'S
CERTIFICATE NO.
4280

This is a legal
record and will be
permanently filed.

O -
65-6

Type or
write legibly.
Use black ink.

2

All items must be
complete and
accurate.

The undertaker, or
person acting as
such, is responsi-
ble for filing the
completed certifi-
cate with registrar
of the district
where death
occurred.

The physician last
in attendance is
required to state
the cause of death
and sign the medi-
cal certification.

If there was no
doctor in attend-
ance, medical cer-
tification to be
completed by local
Health Officer, (or
Coroner, if in-
quest was held).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <i>Hanifa X</i>			b. TOWNSHIP <i>Roanoke Rapids</i>	c. LENGTH OF STAY (in days) <i>52</i>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>N.C.</i>				
			Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		b. COUNTY <i>Halifax</i>	Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
d. CITY OR TOWN <i>Roanoke Rapids</i>			c. CITY OR TOWN <i>Roanoke Rapids</i>			d. STREET ADDRESS or R. F. D. NO. <i>909 Madison St.</i>			
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>909 Madison</i>			4. DATE OF DEATH <i>Sept 10 1961</i>			Month Day Year			
3. NAME OF DECEASED (Type or Print)	First <i>Joseph</i>	Middle <i>Zotton</i>	Last <i>Garnier</i>	5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>5-3-1884</i>	9. AGE (In years last birthday) <i>77</i>	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Businessman</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Taylor</i>			11. BIRTHPLACE (State or foreign country) <i>Greenville Co. Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Samuel Wyatt Garner</i>			14. MOTHER'S MAIDEN NAME <i>Christie Virginia Matthew Myrtle MacClelland</i>			NAME OF HUSBAND OR WIFE <i>Pete Garner - Roanoke Rapids</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>			16. SOCIAL SECURITY NO. <i>241-09-4808</i>			17. INFORMANT'S NAME AND ADDRESS <i>L.S. "Pete" Garner - Roanoke Rapids</i>			
18. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i> ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Atherosclerotic heart disease</i> DUE TO (c) <i>Diabetic Mellitus</i>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>260X ✓</i>									
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19) 20c. TIME MONTH, DAY, YEAR HOUR OF INJURY M. 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY OR TOWNSHIP COUNTY STATE						
21. I attended the deceased from <i>1956</i> to <i>1961</i> , and last saw him alive on <i>9-10 1961</i> . Death occurred at <i>1:30 P.M.</i> on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE <i>Dr. Donaldson</i>			(Degree or title) <i>M.D.</i>		22b. ADDRESS <i>Roanoke Rapids NC</i>		22c. DATE SIGNED <i>9-12-61</i>		
23a. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9-12-61</i>		23c. NAME OF CEMETERY OR CREMATORIAL <i>Odalyn Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Roanoke Rapids NC</i>			
24. DATE REC'D BY LOCAL REG. <i>9-14-61</i>		25. REGISTRAR'S SIGNATURE <i>Robert S. Paugh</i>		26. FUNERAL DIRECTOR <i>Brund Funeral Home</i>		ADDRESS <i>Roanoke Rapids NC</i>			