

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.

N. Y. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

259

## 1. PLACE OF DEATH:

(a) County Halifax  
(b) Township Weldon  
(If in town limits, leave blank)  
(c) City or town Weldon  
(If outside city or town limits, write RURAL)  
(d) Street, hospital or institution Woodlawn Ave.  
(e) Length of stay in hospital or institution None  
(Trs., mos., or days)  
In this community Life  
(Trs., mos., or days)

Registration Dist. No. 4252 Certificate No. 7

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

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

3(a) FULL NAME Mrs. Annie Della Summerell3(b) If veteran,  
name war3(c) Social Security  
No.

4. Sex

5. Color or Race

6(a) Single, married, widowed,  
or divorced.Female white Widowed6(b) Name of husband or wife William Wade Summerell

(c) Age of husband or wife if alive \_\_\_\_\_ years.

7. Birth date of deceased March 14, 1870  
(month, day and year)8. AGE: Years Months Days If less than one day  
73 9 0 hrs. mins.9. Birthplace Near Weldon  
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

FATHER

12. Name Jim Garner13. Birthplace Near Weldon

MOTHER

14. Maiden Name Lucy Green Garner15. Birthplace Near Weldon16(a) Informant's Signature Annie Summerell(b) Address Weldon N.C.17(a) Burial (b) Date thereof March 14, 1943  
(Burial, cremation, or removal) (Month, day, year)(c) Cemetery Woodlawn Cemetery(d) Location Weldon N.C.18(a) Funeral director H. G. Rowe Funeral Home(b) Address Weldon N.C.19(a) June 5, 1943 (b) Wm. H. G. Dine  
Filed Registrar

## MEDICAL CERTIFICATION

564 20. Date of death 3-12-1943, at \_\_\_\_\_ M21. I certify that death occurred on the date above stated; that I attended  
deceased from 2-26-1943 to 3-12-1943  
and that I last saw him alive on 3-12-1943

Immediate cause of death

Bronchial Pneumonia

Duration

14 daysDue to Acute Bronchitis

Due to

Other conditions Chronic  
(Include pregnancy within 3 months of death)Dematitis - ContactMajor findings:  
Of operations unknown

Physician

Underline the  
cause to which  
death should  
be charged  
statistically.

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 place, in a public  
place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature W. J. Smith M.D.Address Weldon Date signed 6-5-43