

STANDARD CERTIFICATE OF DEATH

174

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Cause OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County

Township

City

Danville
Roanoke Rapids
Roanoke Rapids N.C.

Registration District No.

Certificate No.

11

or

St., Ward

(If death occurred in a hospital or institution, give its Name instead of street and number)

Length of residence in city or town where death occurred yrs.

mos.

da.

How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Doris Jane Warner
Roanoke Rapids
Ward 656

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

Female white

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*L. S.*

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*Sept. 2 1932*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

*None*12. BIRTHPLACE (city or town)
(State or county)*Danville Co.*

13. NAME

*A. L. Warner.*14. BIRTHPLACE (city or town)
(State or county)*Warren Co.*

15. MAIDEN NAME

*Drene Speights*16. BIRTHPLACE (city or town)
(State or county)*Gates Co.*

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

Mar. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from

3-7-, 1934 to 3-9-, 1934

I last saw her alive on 3-8-1934, death is said to have occurred on the date stated above, at 6:04 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

*cerebral Hemorrhage. 3-6-34**(A)*

Contributory causes of importance not related to principal cause:

Whooping Cough latte jord Jan 1934

Name of operation

*Spinal fluid under pressure.*What test confirmed diagnosis? — Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

—

Nature of injury

—

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed)

R. R. Beckwith M. D.

(Address)

Roanoke Rapids N.C.