

NORTH CAROLINA STATE BOARD OF HEALTH

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

6127

MAR 7 1972
REGISTRATION DISTRICT NO. 42-61 LOCAL NO. 944280
TYPE OR PRINT IN
PERMANENT
BLACK INK

1. NAME OF DECEASED Willie Wyatt Garner			2. DATE OF DEATH (MONTH, DAY, YEAR) Feb. 17, 1972		
3. SEX Male	4. COLOR OR RACE White	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Virginia	6. DATE OF BIRTH August 9, 1882	7. AGE (IN YEARS LAST BIRTHDAY) 89	8. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
9a. PLACE OF DEATH COUNTY Halifax		9b. CITY OR TOWN Enfield	9c. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE North Carolina COUNTY Halifax		
10. NAME OF HOSPITAL OR INSTITUTION Woodard Nursing Home		11. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	12. CITY OR TOWN Roanoke Rapids		
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married		14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		15. STREET ADDRESS OR R.F.D. No. 1022 Franklin St.	
16. CITIZEN OF WHAT COUNTRY? U.S.A.		17. SOCIAL SECURITY NUMBER None		18. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Farm Labor	
19. FATHER'S NAME Samuel Garner			20. MOTHER'S MAIDEN NAME Chrissie Matthews		

21. INFORMANT'S NAME AND ADDRESS Mrs. Inez Kidd 1022 Franklin St. Roanoke Rapids, N.C.	
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PART I. DEATH CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: <i>Cerebrovascular accident</i>		<i>3 weeks</i>
(b) DUE TO, OR AS A CONSEQUENCE OF: <i>Arteriosclerosis</i>		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY? (YES OR NO) No	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		19b.	19c.
20a. TIME OF INJURY MONTH DAY YEAR HOUR		20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20c. INJURY AT WORK (SPECIFY YES OR NO)		20d. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	
20e. CITY OR R.F.D.		20f. COUNTY STATE	

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 7-24-71 TO 2-17-72 AND LAST SAW HIM/HER ALIVE ON 2-17-72 DEATH		CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED	
21. OCCURRED AS STATED ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.		22. ABOVE THE DECEASED WAS PRONOUNCED DEAD AT 11:00 A.M. ON 2-18-72	
23a. SIGNATURE OF CERTIFIER <i>[Signature]</i>		23b. ADDRESS Enfield, N.C.	

24a. BURIAL, CREMATION, OTHER (SPECIFY) Burial		24b. DATE 2/19/1972		24c. NAME OF CEMETERY OR CREMATORY Cedarwood Cemetery		24d. LOCATION (CITY, TOWN, OR COUNTY) STATE Roanoke Rapids, N.C.	
25. BRANCH FUNERAL HOME Roanoke Rapids, N.C.		26. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		26. LICENSE NO. 1965		27. DATE REC'D BY LOCAL REG. 2-25-72	
28. SIGNATURE OF REGISTRAR <i>[Signature]</i>		29. SIGNATURE OF EMBALMER <i>[Signature]</i>		29. LICENSE NO. 1103			