

PLACE OF DEATH

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

334

CERTIFICATE OF DEATH

County Halifax 42Township Roanoke RapidsTown Roanoke RapidsRegistration District No. 42-3388

City _____ (No. _____ St. _____ Ward _____)

FULL NAME Richard H. Garner 656

File No. _____

Registered No. 90

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE, MARRIED, WIDOWED or DIVORCED <u>yes</u> (Write the word)
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DATE OF BIRTH aug 17, 1931
(Month) (Day) (Year)AGE 73 yrs. 3 mos. 20 ds. If LESS than 1 day, ____ hrs. or ____ min.OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

EDUCATIONAL ATTAINMENTS

BIRTHPLACE

PARENTS	NAME OF FATHER <u>R. H. Garner</u>
	BIRTHPLACE OF FATHER (State or Country) <u>Northampton, con</u>
	MAIDEN NAME OF MOTHER <u>Eliza Green</u>
	BIRTHPLACE OF MOTHER (State or Country) <u>Northampton, co</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Phil Garner
(Address) Melrose, NCFiled Nov 18, 1914 W. B. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16, 1914
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Nov 1, 1914 to Nov 16, 1914
that I last saw him alive on Nov 16, 1914
and that death occurred on the date above stated, at 7 P. m.The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis
(126)
(Duration) ____ yrs. ____ mos. ____ ds.Contributory (Secondary) Chronic Bronchitis
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) W. B. Brown M. D.11/16, 1914 (Address) Roanoke Rapids, NC
State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; add (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____PLACE OF BURIAL OR REMOVAL Northampton, co DATE OF BURIAL Nov 18, 1914UNDERTAKER E. B. Glover ADDRESS Roanoke Rapids, NC

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.