

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 Every item of information should be carefully supplied. The correct age is especially important.
 Please write the causes of death clearly and legibly.

PHYSICIANS:

B. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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Registration Dist. No. 32-95 Certificate No. 434

1. PLACE OF DEATH:
 (a) County *Durham*
 (b) Township _____
 (c) City or town *Durham*
 (If outside city or town limits, write RURAL)
 (d) Street, hospital or institution *Duke Hospital*
 (e) Length of stay in hospital or institution *13*
 (Yrs., mon., or days)
 In this community _____
 (Yrs., mon., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
 (a) State *N.C.* (b) County *Hanover*
 (c) City or town *ROANOKE RAPIDS*
 (d) Street or R.F.D. *1023 HAMILTON ST.*
 (e) Is place of residence in corporate limits? *Yes*
 (f) If foreign born, how long in U.S.A.? *years.*

3(a) FULL NAME *Patricia Ann GARNER*
 3(b) If veteran, name war *O* 3(c) Social Security No. *O*
 4. Sex *F* 5. Color or Race *W* 6(a) Single, married, widowed, or divorced. *Child*
 6(b) Name of husband or wife *O*
 6(c) Age of husband or wife if alive *O* years.
 7. Birth date of deceased *February 9, 1941*
 (month, day and year)
 8. AGE: Years *0* Months *3* Days *16* If less than one day hrs. mins.
 9. Birthplace *Hanover, N.C.*
 (City, town, county) (State or foreign country)
 10. Usual occupation *Child*
 11. Industry or business

MOTHER FATHER
 12. Name *Clifton Earl GARNER*
 13. Birthplace *Hanover, N.C.*
 14. Maiden Name *Edna Alice MURRAY*
 15. Birthplace *Cumberland, N.C.*

16(a) Informant's Signature *Clifton Earl Garner*
 16(b) Address *Roanoke Rapids NC*
 17(a) Burial (Burial, cremation, or removal) *Burial* (b) Date thereof *5-20-41*
 (Month, day, year)
 (c) Cemetery *Roanoke Rapids Cemetery*
 (d) Location *Roanoke Rapids NC*
 18(a) Funeral director *W.C. Williams*
 18(b) Address *Roanoke Rapids NC*
 19(a) Filed *5/21/2023*

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 MEDICAL CERTIFICATION
 20. Date of death *5-20* 1941, at *10:05 P.M.*
 21. I certify that death occurred on the date above stated; that I attended deceased from *5-7* 1941, to *5-20* 1941, and that I last saw her alive on *5-20* 1941.
 Immediate cause of death *Pneumonia + Staphylococcus Septicemia*
 Duration *49*
 Due to *Safety pin (open) in*
gastrointestinal tract
 Due to *gangrene of left hand*
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings: *✓*
 Of operations
 Of autopsy *✓*
 Physician

Underline the cause to which death should be charged statistically.

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?
 (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 *Dr. H. Marion & C. Wootton, M.D.*
 Address *Duke Hospital* Date signed *5-21-41*
Durham, N.C.

Registrar
H.U.