

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

M. 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

County Halifax 42  
City Rosemary, N.C.  
State BOARD OF HEALTH—DIVISION OF VITAL STATISTICS  
CERTIFICATE AND RECORD OF DEATH. 386

Registered No. 77  
Street 42-5544 Ward   
FULL NAME Linwood Paul DeBerry  
[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)  
DATE OF BIRTH March 2 1913  
(Month) (Day) (Year)  
AGE 1 years 2 months 2 days  
IF LESS than 1 day hrs. or min.

OCCUPATION None  
Trade, Profession or particular kind of work  
General nature of industry, business, or establishment in which employed (or employer) None  
BIRTHPLACE (State or country) Rosemary, N.C.  
NAME OF FATHER Jas. E. DeBerry  
BIRTHPLACE OF FATHER (State or country) Northampton Co. N.C.  
MAIDEN NAME OF MOTHER Maggie Garner  
BIRTHPLACE OF MOTHER (State or country) Greenville Co. Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.  
(Informant) Jas. E. DeBerry  
(Address) Rosemary N.C.

Oct. 5th. 1914 Newsbrow  
Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased Sept 12 1914 to Oct 1st 1914  
that I last saw him alive on Oct 1st 1914  
and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH \* was as follows:  
Massive (104)

CONTRIBUTORY (Secondary) Also - Colitis  
(Duration) yrs. 1 mos. ds.  
(Signed) E. H. Haggins M. D.  
Oct 4 1914 (Address) Rosemary

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (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. N.C. DATE OF BURIAL Oct. 5th. 1914  
UNDERTAKER Hancock House Co. Roanoke Rapids  
ADDRESS