

APR 8 1958

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

7507

REGISTRATION DISTRICT NO. 42.70

REGISTRAR'S CERTIFICATE NO. 69

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

2

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, (or Coroner, if inquest was held).

FORM 8
Rev. 1-56

1. PLACE OF DEATH a. COUNTY Halifax		b. TOWNSHIP Roanoke Rapids		c. LENGTH OF STAY (in la) 3 wks		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Va.		b. COUNTY Greenville Co.	
d. CITY OR TOWN Roanoke Rapids		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN Skippers Va.		Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1207 Washington St.						d. STREET ADDRESS OR R. F. D. NO. Route #1			
3. NAME OF DECEASED (Type or Print) First Richard Middle H. Last Garner			4. DATE OF DEATH Month Mar. Day 9, Year 1958						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-17-1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Northampton Co. N.C.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Richard Benj. Garner			14. MOTHER'S MAIDEN NAME Mary Phillips			NAME OF HUSBAND OR WIFE Susan Grant Garner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 225 52 8265		17. INFORMANT'S NAME AND ADDRESS Mrs. R. B. Purdy 1207 Washington Roanoke Rapids, N.C.				
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).									INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Senility & Terminal Broncho-</i> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), <i>pneumonia</i>									5 yrs.
DUE TO (b)									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 491X									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)						
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY M.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP COUNTY STATE		
21. I attended the deceased from <i>Mar. 1</i> 19 <i>47</i> to <i>Mar. 9</i> 19 <i>58</i> , and last saw him alive on <i>Mar. 9</i> 19 <i>58</i> . Death occurred at <i>3:00 P.M.</i> on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE <i>L. J. Taylor</i>			(Degree or title) MD.		22b. ADDRESS Roanoke Rapids, N. C.			22c. DATE SIGNED 3-10-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 3-11-58		23c. NAME OF CEMETERY OR CREMATORY Garner Family			23d. LOCATION (City, town, or county) (State) Greenville Co. Va.	
24. DATE REC'D BY LOCAL REG. 3-14-58			25. REGISTRAR'S SIGNATURE <i>Robert H. ...</i>			26. FUNERAL DIRECTOR Williams Funeral Home			ADDRESS Roanoke Ra

THIS COPY FOR STATE BOARD OF HEALTH