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| 1. PLACE OF DEATH a. COUNTY Halifax | | b. TOWNSHIP | | c. LENGTH OF STAY (in 1a) Life | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C. b. COUNTY Halifax | | | |
| d. CITY OR TOWN Weldon | | Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | c. CITY OR TOWN Weldon | | 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 checked="" type="checkbox"/> | | | |
| e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 306 Woodlawn Avenue | | | | d. STREET ADDRESS or R. F. D. NO. 306 Woodlawn Avenue | | | | | |
| 3. NAME OF DECEASED (Type or Print) JAMES CLIFTON GARNER, SR. | | | | First Middle Last | | 4. DATE OF DEATH Dec. 6, 1961 Month Day Year | | | |
| 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 Dec. 15, 1898 | | 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY J.S. Turner & Sons | | 11. BIRTHPLACE (State or foreign country) Halifax County, N.C. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13. FATHER'S NAME Lonnie Thomas Garner | | 14. MOTHER'S MAIDEN NAME Nellie Andleton | | NAME OF HUSBAND OR WIFE Mittie Fisher Garner | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. WW 1 246-07-5399 | | 17. INFORMANT'S NAME AND ADDRESS Mrs. J.C. Garner Weldon, N.C. 306 Woodlawn Ave. | | | | | |
| 18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200 ✓ | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 20c. TIME OF INJURY MONTH, DAY, YEAR HOUR M. 9, 1, 19 61, 12, 6, 19 61, 12, 4, 61, 19 | | 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 Weldon N.C. | | | |
| 21. I attended the deceased from 8:20A on the date stated above; and to the best of my knowledge from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE [Signature] (Degree or title) | | | | 22b. ADDRESS Weldon | | 22c. DATE SIGNED 12.8.61 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Dec. 7, 1961 | | 23c. NAME OF CEMETERY OR CREMATORY Cedarwood Cemetery | | 23d. LOCATION (City, town, or county) (State) Weldon, N.C. | | | |
| 24. DATE REC'D BY LOCAL REG. 12-11-61 | | 25. REGISTRAR'S SIGNATURE [Signature] | | 26. FUNERAL DIRECTOR ADDRESS Rowe Funeral Home, Inc. Weldon, N.C. | | | | | |