

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

B.V.S.—FORM 7

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

72

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Northampton Registration District No. 55 State N. C. Register No. 43
Township Greene City Greene No. 656 (If death occurred in a hospital or institution, give its NAME instead of street and number)
St. Ward

2 FULL NAME John Garner
(a) Residence. No. 656 St. Ward (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 48 mos. 9 ds. How long in U. S. if of foreign birth? yrs. 48 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex male 4 Color or Race white 5 Single, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced Husband of Mrs. Garner (or) Wife of

6 Date of birth (month, day, and year) Nov. 1 1872

7 Age years 48 Months 9 Days 15 If LESS than 1 day, hrs. or min.

8 Occupation of deceased (a) Trade, Profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 Birthplace (city or town) Northampton (State or country) Co.

10 Name of Father Wilson Garner

11 Birthplace of Father (city or town) Northampton (State or country)

12 Maiden Name of Mother Mary Howell

13 Birthplace of Mother (city or town) Northampton (State or country)

14 Informant Mrs. John Garner (Address) Greene

15 Filed 9/23 1920 J. C. Squire REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Sept 16 1920

17

I HEREBY CERTIFY, That I attended deceased from Sept 16 1920 to Sept 16 1920 that I last saw him alive on Sept 16 1920 and that death occurred, on the date stated above, at 7:55 P.M.

The CAUSE OF DEATH* was as follows:

Asphyxia
accident
(duration) yrs. 0 mos. 0 ds.

Contributory (SECONDARY) Convulsions following strychnine poisoning
(duration) yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W. Martin, M.D.
Sept. 18 1920 (Address) Roanoke Rapids, N.C.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal Northampton Co. Date of Burial Sept 17 1920

20 Undertaker Glover & Smith Roanoke Rapids