

APR 6 1985

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

## CERTIFICATE OF DEATH

8849

This is a legal  
document and will be  
permanently filed.Type or  
write legibly.  
Use black ink.All items must be  
complete and  
correct.The undertaker, or  
person acting as  
such, is responsi-  
ble for filing the  
completed certifi-  
cate with registrar  
of the district  
where death  
occurred.The physician last  
in attendance is  
required to state  
the cause of death  
and sign the medi-  
cal certification.If there was no  
doctor in attend-  
ance, medical cer-  
tification to be  
completed by local  
Health Officer, (or  
Coroner, if in-  
quest was held).

THIS COPY FOR STATE BOARD OF HEALTH

Burial Permit Issued

3-23-65

Date

Form 9A Issued

Date

Form 8

Rev. 1-62

1-62 50M

REGISTRATION  
DISTRICT NO.

42-80

REGISTRAR'S  
CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY <u>Roanoke Rapids</u>		b. TOWNSHIP <u>15 X W</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N. C.</u>		b. COUNTY <u>Roanoke</u>	
4. CITY OR TOWN <u>Roanoke Rapids</u>		In Place of Death Within City Limits YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		a. CITY OR TOWN <u>Roanoke Rapids</u>		In 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"/>	
4. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1207 Washington St.</u>				d. STREET ADDRESS OR R. F. D. NO. <u>1207 W Washington St.</u>			
2. NAME OF DECEASED (Type or Print) <u>Mrs. Susan Grant Garner</u>				4. DATE OF DEATH Month <u>March</u> Day <u>22</u> Year <u>1965</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-26-1872</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>02</u> Days <u>00</u>		IF UNDER 24 HRS. Hours <u>00</u> Min. <u>00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (State or foreign country) <u>Northampton Co., N. C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Lewitt Grant</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Amanda Lee</u>		NAME OF HUSBAND OR WIFE <u>Richard Henry Grant</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>225 72 3274</u>		17. INFORMANT'S NAME AND ADDRESS <u>Mrs. R. W. Purdy-Roanoke Rapids, N.C.</u>			
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Cerebral Arteriosclerosis</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a). <u>No C. embolus</u> 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) <u>334X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
19a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)					
20a. TIME OF INJURY MONTH, DAY, YEAR HOUR <u>Mar. 22 1965</u>	20b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20d. CITY OR TOWNSHIP <u>Roanoke Rapids, N. C.</u>		20e. COUNTY STATE <u>Roanoke N. C.</u>		
21. I attended the deceased from <u>Mar. 22 1965</u> to <u>Mar. 22 1965</u> , and last saw her alive on <u>Mar. 20 1965</u> Death occurred at <u>10:00 P.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.				22a. SIGNATURE <u>L. J. Taylor MD.</u>			
22b. ADDRESS <u>Roanoke Rapids, N. C.</u>		22c. DATE SIGNED <u>3-23-65</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
23b. DATE <u>3-24-65</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cedarwood</u>		23d. LOCATION (City, town, or county) (State) <u>Roanoke Rapids, N. C.</u>		24. FUNERAL DIRECTOR <u>Branch Funeral Home Roanoke Rapids</u>	
24. DATE REC'D BY LOCAL REG. <u>March 29, 1965</u>		25. REGISTRAR'S SIGNATURE <u>Robert J. Young</u>		26. ADDRESS <u>Branch Funeral Home Roanoke Rapids</u>			

MEDICAL CERTIFICATION