

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

Hawkins Co.

Registration District No.

42-11

Certificate No.

362  
26

Township

Walden Township

or Village

City

Walden

No.

(If death occurred in a hospital or institution, give its Name instead of street and number)

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

## 2. FULL NAME

(a) Residence: No.

Albert Wilson Garner - 656

St. Ward.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M.

## 4. COLOR OR RACE

White.

## 5. Single, Married, Widowed, or Divorced (write the word)

Married.

## 6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Morris Garner.

## 6. DATE OF BIRTH (month, day, and year)

7. AGE

56

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

## 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tanning.

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Sup.

## 10. Date deceased last worked at this occupation (month and year)

1933

## 11. Total time (years) spent in this occupation

Sept

## 12. BIRTHPLACE (city or town)

(State or country)

Hawkins Co.

N.C.

## 13. NAME

MOTHER

Jimmy Garner -

FATHER

Washington Co. N.C.

## 14. BIRTHPLACE (city or town)

(State or country)

Lucy Green -

## 15. MAIDEN NAME

MOTHER

Hawkins Co. N.C.

Lucy Green -

## 16. BIRTHPLACE (city or town)

(State or country)

Porte. 1. Monroe Rapids N.C.

## 17. INFORMANT

(Address)

James Garner -

Porte. 1. Monroe Rapids N.C.

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Hawkins Co. Date July 16, 1935

## 19. UNDERTAKER

(Address)

Hawkins Co. Date July 16, 1935

## 20. FILED

Date

Hawkins Co. Date July 16, 1935

MARGIN RESERVED FOR BINDING

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. PHYSICIANS 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.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

July 15, 1935

22. I HEREBY CERTIFY. That I attended deceased from

June 1, 1935 to July 15, 1935

I last saw him alive on July 10, 1935, death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of ear - Lymphangioma & periauricular symptoms from extension of cancer	Date of onset 3/2/42.
	July 10, 1935

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) *W. F. Smith* M. D.(Address) *Walden NC*