

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS: Please write the causes of death clearly and legibly.

U. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

352

1. PLACE OF DEATH:

(a) County Halifax  
(b) Township \_\_\_\_\_  
(c) City or town Roanoke Rapids  
(If outside city or town limits, write RURAL)  
(d) Street, hospital or institution \_\_\_\_\_  
(e) Length of stay in hospital or institution 1 day  
(Yrs., mos., or days)  
In this community 31 years  
(Yrs., mos., or days)

Registration Dist. No. 42-60 Certificate No. 83

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N.C. (b) County Halifax  
(c) City or town Roanoke Rapids, N.C.  
(d) Street or R.F.D. \_\_\_\_\_  
(e) Is place of residence in corporate limits? Yes  
(f) If foreign born, how long in U.S.A.? \_\_\_\_\_ years.

3(a) FULL NAME

Katie Wagner Garner 656 1-21

3(b) If veteran, name war

3(c) Social Security No.

233-10-1431

4. Sex

Female

5. Color or Race

White

6(a) Single, married, widowed, or divorced.

Married

6(b) Name of husband or wife

C. L. Garner

(c) Age of husband or wife if alive

50 years.

7. Birth date of deceased

July 7, 1894

(month, day and year)

8. AGE:

46

Years

Months

Days

If less than one day  
hrs. mins.

9. Birthplace

Greenville County, N.C.  
(City, town, or county) (State or foreign country)

10. Usual occupation

Wife of C. L. Garner

11. Industry or business

Textile

FATHER

12. Name

Frank Wagner

13. Birthplace

Davie County

14. Maiden Name

Ida Wilson

15. Birthplace

Northampton County

16(a) Informant's Signature

C. L. Garner

(b) Address

Roanoke Rapids, N.C.

17(a)

(Burial, cremation, or removal)

Burial (b) Date thereof Sept. 13, 1940  
(Month, day, year)

(c) Cemetery

Roanoke Rapids

(d) Location

Roanoke Rapids, N.C.

18(a) Funeral director

W. C. Williams

(b) Address

Roanoke Rapids, N.C.

19(a)

9/25/40

Filed

(b)

El Shue

Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 11, 1940 at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11, 1940 to Sept 11, 1940 and that I last saw him alive on Sept 11, 1940

Immediate cause of death

Coronary Occlusion

Duration

13 1/2 hrs.

Due to

Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Physician

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur about home, on farm, in industrial place, in a public place? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_

(e) Means of injury

23. Signature John W. Martin M.D.

Address Roanoke Rapids, N.C. Date signed 9-13-40