

properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County NorthamptonTownship GastonTown Garysburg N.C.

City _____

FULL NAME

Penelope Ann Ament

Registration District No.

66-5877

(No.)

St.

Ward

File No.

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

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TRANSCRIBED

CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

White

SINGLE,

MARRIED,

WIDOWED, ☒ yes

or DIVORCED

(Write the word)

DATE OF BIRTH

August 1, 1840
(Month) (Day) (Year)

AGE

75 yrs. 11 mos. 6 ds.
If LESS than 1 day, hrs. or min.

OCCUPATION

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).working as feller

EDUCATIONAL ATTAINMENTS

High School

BIRTHPLACE

Gaston township

PARENTS

NAME OF FATHER

Henry Garner

BIRTHPLACE OF FATHER (State or Country)

N.C.

MAIDEN NAME OF MOTHER

Jane Glover

BIRTHPLACE OF MOTHER (State or Country)

N.C.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Joe R. Galloway

(Address)

Garysburg N.C.

Filed

June 27, 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 27, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

June 10, 1916, to June 20, 1916
that I last saw him alive on June 20, 1916and that death occurred on the date above stated, at 2 P.m.

The CAUSE OF DEATH* was as follows:

Basillary Dysentery

(Duration)

Contributing (Secondary)

General weakness

(Duration)

(Signed)

C. P. Parker, M.D.June 28, 1916(Address) Garysburg, N.C.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Family graveyard6/28/1916

UNDERTAKER

ADDRESS

Mr. B. GallowayGarysburg N.C.