

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.

B. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH 414

1. PLACE OF DEATH

County

Township

City

Halifax Co.
Weldon Town Emp.
Weldon N.C.

Registration District No.

No.

42-11

Certificate No.

31

or

St. Ward

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

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Charlotte Gettley Garner 656

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

Female

Married

Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Kate Garner

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

7. AGE

Years
51

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Garner

Type

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Samuel Garner

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Della Trecker

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Alice H. Garner

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Weldon Funeral Home

Date June 29, 1936

19. UNDERTAKER

H. G. Bassett Funeral Home

(Address)

20. FILED

June 26, 1936 M. E. Clark

(Address)

REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1st 1936 to June 22, 1936

I last saw him alive on June 22, 1936, death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance in order of

onset were as follows:

Paroxysmous Anemia Date of onset 6-1-34

Contributory causes of importance not related to principal cause:

Postero-Lateral Sclerosis 8-1-35

Name of operation

None

date of

What test confirmed diagnosis?

P.E.

Was there an autopsy?

No

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.

995

Manner of injury

None

Nature of injury

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

If so, specify

H. G. Bassett

(Signed) M. D.

(Address)