

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

352

CERTIFICATE OF DEATH

I. PLACE OF DEATH:

(a) County Halifax
 (b) Township Roanoke Rapids (If in town limits, leave blank)
 (c) City or town Roanoke Rapids (If outside city or town limits, write RURAL)
 (d) Street, hospital or institution Roanoke Rapids
 (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 Margaret Turner 27656

3(b) If veteran, name war 33-10-1431

3(c) Social Security No. 33-10-1431

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. Turner

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

10. Usual occupation Housewife

11. Industry or business Textile

MOTHER FATHER

12. Name Frank Turner

13. Birthplace Davie County

14. Maiden Name Eda Wilson

15. Birthplace Northampton County

16(a) Informant's Signature C. L. Turner

(b) Address Roanoke Rapids, N.C.

17(a) Burial 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) Filed 1940 **(b) Elstue**

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

Due to Arterio Sclerosis

Duration 13 yrs. 6 mos.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?** _____

(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** Sept. 13, 1940

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.
 Please write the causes of death clearly and legibly.

PHYSICIANS: