

JUL 8 1974

REGISTRATION  
DISTRICT NO.

42-80 LOCAL NO. 255

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

20964

TYPE, OR PRINT IN  
PERMANENT  
BLACK INK

620

NAME OF DECEASED				FIRST	MIDDLE	LAST	DATE OF DEATH	DEATH DATE, DAY, YEAR							
Bessie Garner Norris				2, June 1, 1974											
1. SEX				COLOR OR RACE	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS						
3. Female 4. White 5. North Carolina				6. Oct. 18, 1910 7. 63											
PLACE OF DEATH COUNTY				USUAL RESIDENCE WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION STATE				COUNTY							
8a. Halifax				8b. Roanoke Rapids N.C.				9b. Halifax							
NAME OF HOSPITAL OR INSTITUTION				INSIDE CITY LIMITS (SPECIFY YES OR NO)				CITY OR TOWN							
9a. Halifax Memorial Hospital				9d. Yes				9c. Roanoke Rapids							
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)				SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				STREET ADDRESS OR R.F.D. NO.							
10. Divorced				11. *****				12. Yes							
CITIZEN OF WHAT COUNTRY?				SOCIAL SECURITY NUMBER				USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)							
12. U.S.A.				13. 238-07-0053				14a. J. P. Stevens Co.		14b. Textiles					
FATHER'S NAME				MOTHER'S MAIDEN NAME											
15. Charlie Leslie Garner				16. Katie Wagner											
INFORMANT'S NAME AND ADDRESS				17. Mrs. Lois Kraft, 5312 Queensberry Ave, Springfield Va.											
PART I. DEATH CAUSED BY:				ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, 1d				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
1a. IMMEDIATE CAUSE: H/23 ✓				1a. IMMEDIATE CAUSE: Gynecial Hem. Failure											
1b. DUE TO, OR AS A CONSEQUENCE OF: A.S.H.N															
1c. DUE TO, OR AS A CONSEQUENCE OF: Charlie adrenitis lung disease															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)				19b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b)				19c. AUTOPSY? (YES OR NO)	19d. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
20a. TIME OF MONTH DAY YEAR HOUR				20b. INJURY AT WORK (SPECIFY YES OR NO)				20c. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY OFFICE BLDG., ETC. (SPECIFY)				20d. CITY OR R.F.D.	20e. COUNTY	20f. STATE	
20c. M. 20d. 20e. 20f.				20a.											
CERTIFICATION-PHYSICIAN: I ATTENDED THE DECEASED FROM 5-27 1974 TO 6-1 1974 AND LAST SAW HIM HER ALIVE ON 6-1 1974 DEATH				CERTIFICATION-MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSES STATED				21. OCCURRED AT 830 A.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.				22. ABOVE THE DECEDENT WAS PROONOUNCED DEAD AT 6. ON 19.			
SIGNATURE OF CERTIFIER 6-1-74 Date Signature: Ruth C. Wagner				DEGREE OR TITLE M.D.				DATE SIGNED 6-1-74				ADDRESS Roanoke Rapids, NC			
23a. BURIAL, CREMATION, OTHER (SPECIFY) 24a. Burial				24b. DATE 6-3-74				24c. NAME OF CEMETERY OR CREMATORIUM Cedarwood Cemetery				24d. LOCATION (CITY, TOWN, OR COUNTY) Roanoke Rapids, N.C.			
25. BURIAL FUNERAL HOME Branch Funeral Home, Roanoke Rapids, N.C.				26. NAME Signature: James W. Dulan				26. SIGNATURE OF FUNERAL DIRECTOR Signature: James W. Dulan				LICENSE NO. 815			
DATE REC'D BY LOCAL REG. 6-3-74				SIGNATURE OF REGISTRAR Signature: James W. Dulan				27. SIGNATURE OF EMBALMER Signature: James W. Dulan				LICENSE NO. 1220			