

DEC 4 1964

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

## CERTIFICATE OF DEATH

34989

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

The Registrar, or person acting as such, is responsible for filing the completed certificate with the registrar of the district where death occurred.

The physician in attendance is required to state the cause of death and sign the medical certification.

THIS COPY FOR STATE BOARD OF HEALTH

Fun. Director's Signature  
License #  
Embalmer's Signature  
License #

Form 9A Issued

Date  
Burial Permit Issued

Date  
Form 8  
Rev. 1-62  
7-63 100M

REGISTRATION DISTRICT NO. 166

REGISTRAR'S CERTIFICATE NO. 4280

1. PLACE OF DEATH a. COUNTY Halifax		b. TOWNSHIP Roanoke Rapids		c. LENGTH OF STAY (in days) 5 weeks		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE North Carolina		b. COUNTY Northampton	
d. CITY OR TOWN Roanoke Rapids		In Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Gaston		In Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Roanoke Rapids Hospital						d. STREET ADDRESS or R. F. D. NO. School Street			
3. NAME OF DECEASED (Type or Print) First Middle Last ROSA LEE PORCH HUBBARD						4. DATE OF DEATH Month Day Year Nov. 26, 1964			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-8-1888		9. AGE (in years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Peter Porch				14. MOTHER'S MAIDEN NAME Elizabeth Garner		NAME OF HUSBAND OR WIFE George W. Hubbard			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S NAME AND ADDRESS Mrs. Annie Roughton Gaston, N.C.					
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Nephrosclerosis. Renal failure								INTERVAL BETWEEN ONSET AND DEATH 22 days unk	
19a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)							
20a. TIME OF INJURY MONTH, DAY, YEAR HOUR M. 11-27-64 3:55		20b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20d. CITY OR TOWNSHIP Roanoke Rapids, NC		20e. COUNTY STATE Northampton N.C.	
21. I attended the deceased from 11-4-1964 to 11/26, 1964, and last saw him alive on 11/26, 1964. Death occurred at 11:35 a.m. on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE A. J. Portals				(Degree or title) M.D.		22b. ADDRESS Roanoke Rapids, NC		22c. DATE SIGNED 12-1-64	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-28-1964		23c. NAME OF CEMETERY OR CREMATORY Lebanon Church Cemet.		23d. LOCATION (City, town, or county) (State) Northampton County, N.C.			
24. DATE REC'D BY LOCAL REG. Dec. 3, 1964		25. REGISTRAR'S SIGNATURE Robert V. [Signature]		26. FUNERAL HOME ADDRESS Wrenn-O'Neal Roanoke Rapids, NC					