

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Harris Co. Registration District No. 42-11 Certificate No. 362
 Township Mudon Township or Village _____
 City Mudon No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Albert William Garner - 656

(a) Residence: No. Mudon Township St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Garner
 6. DATE OF BIRTH (month, day, and year) Sept 9, 1878
 7. AGE Years 56 Months 1 Days 1 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
 10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (city or town) Harris Co (State or country) N.C.

OCCUPATION

MOTHER FATHER

13. NAME James Garner
 14. BIRTHPLACE (city or town) Wilmington Co. N.C. (State or country)
 15. MAIDEN NAME Lucy Green
 16. BIRTHPLACE (city or town) Harris Co. N.C. (State or country)
 17. INFORMANT James Garner (Address) Route 1, Granite Rapids N.C.
 18. BURIAL, CREMATION, OR REMOVAL Place Harris Co. Date July 16, 1935
 19. UNDERTAKER H. B. Long (Address) Mudon N.C.
 20. FILED Aug 1, 1935 Mr E. B. Clark REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15, 1935
 22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to July 15, 1935
 I last saw him alive on July 10, 1935 death is said to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of ear -
Left Hemiplegia & Intermittent
symptoms from extension
of cancer

Date of onset
3 1/2 yrs.

July 10th
1935

Contributory causes of importance not related to principal cause:

Name of operation _____ date of _____
 What test confirmed diagnosis? _____ 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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. F. Spivey M. D.
 (Address) Weldon N.C.

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.