

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

I. PLACE OF DEATH

County Halifax Co. Registration District No. 42-11 Certificate No. 31
Township Milledon Township or Village
City Milledon N.C.

Length of residence in city or town where death occurred 56 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 56 yrs. 0 mos. 0 ds.

2. FULL NAME

Charles Wesley Garner
(a) Residence: No. Milledon Township St. --- Ward. ---
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Mate Garner (or) WIFE of
6. DATE OF BIRTH (month, day, and year) ---
7. AGE 51 Years --- Months --- Days If LESS than 1 day, --- hrs. or --- min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Oct-1935 11. Total time (years) spent in this occupation Life

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (city or town) Northampton Co. N.C. (State or country)
13. NAME Samuel Garner
14. BIRTHPLACE (city or town) Halifax Co. N.C. (State or country)
15. MAIDEN NAME Lella Tucker
16. BIRTHPLACE (city or town) Halifax Co. N.C. (State or country)
17. INFORMANT Mrs. Mate Garner (Address) Monroe Road N.C. Phone 134-295
18. BURIAL, CREMATION, OR REMOVAL Place Union Cemetery Date June 23, 1936
19. UNDERTAKER H. G. Lassiter (Address) Milledon N.C.
20. FILED June 26, 1936 Mrs. E. B. Clark REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22, 1936
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:
Periculous Arteriosclerosis Date of onset 6-1-34

Contributory causes of importance not related to principal cause:
Pseudo-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.

Manner of injury None
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify H. G. Lassiter M. D.
(Signed) Ueldon N.C.
(Address)