

Every item of information should state CAUSE OF DEATH. 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

438

1. PLACE OF DEATH

County Harris Registration District No. 422291 Certificate No. 17
Township Weldon N.C. Term. or Village
City Weldon N.C. 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 William Bernard Summerville 564
(a) Residence: No. Weldon N.C. 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) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Sept 18-1896

7. AGE 35 Years 8 Months 11 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

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) Apr 20 1932 11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) Harris Co. (State or country) N.C.

13. NAME William Wade Summerville

14. BIRTHPLACE (city or town) Harris Co. (State or country) N.C.

15. MAIDEN NAME Messia Gurnee

16. BIRTHPLACE (city or town) Harris Co. (State or country) N.C.

17. INFORMANT William Summerville (Address) 46 N. Broadway Gloucester

18. BURIAL, CREMATION, OR REMOVAL Place Weldon N.C. Date May 25 1932

19. UNDERTAKER H. G. Rorer Funeral Home (Address) Weldon N.C.

20. FILED May 24 1932 Mr. H. G. Rorer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1932

22. I HEREBY CERTIFY, That I attended deceased from 1930 19____ to May 24 1932

I last saw him alive on May 23 1932, death is said to have occurred on the date stated above, at _____ m.

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

Cardio-Respiratory Disease Date of onset 1930

(95) 2

Contributory causes of importance not related to principal cause: Pneumonia 1931

Name of operation None 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. Smith M. D. (Address) Weldon N.C.