

SEP 6 1973

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

29660

TYPE, OR PRINT IN  
PERMANENT  
BLACK INKREGISTRATION  
DISTRICT NO. 42-80

LOCAL NO. 377

630

DECEASED

1-0

2

STATE BOARD  
OF HEALTH  
COPY

CAUSE

8-15-73  
Date

BURIAL

FORM 2  
REV. 1-66  
148-1500

NAME OF DECEASED					FIRST	MIDDLE	LAST	DATE OF DEATH	(MONTH, DAY, YEAR)					
1. JACOB WARNER NORWOOD					2. August 14, 1973									
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. Male		4. White	5. North Carolina			6. Dec. 19, 1887	7. 85	MONTHS	DAYS	HOURS	MIN.			
PLACE OF DEATH					USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION)									
COUNTY		CITY OR TOWN			STATE			COUNTY						
8c. Halifax		8d. Roanoke Rapids			9a. North Carolina			9b. Halifax						
NAME OF HOSPITAL OR INSTITUTION					INSIDE CITY LIMITS (SPECIFY YES OR NO)									
8c. Halifax Memorial Hospital					8d. Yes									
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)					SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					STREET ADDRESS OR R.F.D. No.		INSIDE CITY LIMITS (SPECIFY YES OR NO)		
10. married					11. Callie Norwood					12. 218 Madison Street		13. Yes		
CITIZEN OF WHAT COUNTRY?					SOCIAL SECURITY NUMBER					14a. ---		14b. Textiles		
12. U.S.A.					13. 239-01-3091					14a. ---		14b. Textiles		
FATHER'S NAME					MOTHER'S MAIDEN NAME									
15. Peter Smith Norwood					16. Susan Thomas Garner									
INFORMANT'S NAME AND ADDRESS					17. Mrs. Callie N. Norwood, 218 Madison Street, Roanoke Rapids, N.C.									
PART I. DEATH CAUSED BY:					ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, 1c					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
4123 ✓ 1a. IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDER- LYING CAUSE LAST					Arteriosclerotic heart disease 5 yrs. 1b. DUE TO, OR AS A CONSEQUENCE OF: Cerebral hemorrhage					1 mo.				
18. (c) DUE TO, OR AS A CONSEQUENCE OF:					PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I					AUTOPSY? (YES OR NO)				
19a. Obstetric obstruction					19b. No					19c. If yes, were findings considered in determining cause of death				
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)					DESCRIBE HOW INJURY OCCURRED ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b									
20a. TIME OF INJURY					20b. INJURY AT WORK (SPECIFY YES OR NO)					20c. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)				
20d. DATE					20e. ADDRESS					20f. CITY OR R.F.D. COUNTY STATE				
21. OCCURRED					22. ABOVE THE DECEDENT WAS PROCLAIMED DEAD AT					M. ON				
SIGNATURE OF CERTIFIER					ADDRESS					Roanoke Rapids, N.C.				
23a. BURIAL, CREMATION, OTHER (SPECIFY)					24a. NAME OF CEMETERY OR Crematory					24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE)				
24b. Burial Aug. 16, 1973					24c. Cedarwood Cemetery					24d. Roanoke Rapids, N.C.				
25. FUNERAL HOME					26. SIGNATURE OF FUNERAL DIRECTOR					LICENSE NO.				
Wrenn-Ritter, Roanoke Rapids, N.C.					27. SIGNATURE OF REGISTRAR					1255				
DATE REC'D BY LOCAL REG. 28. 8-23-73					28. SIGNATURE OF EMBALMER (IF EMBALMED)					LICENSING NO.				
148-1500					29. Jacky B. Ritter, Jr.					1218				