

This is a legal record and will be permanently filed.

Type or write legibly.
Use black ink.

All items must be complete and accurate.

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

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

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

Birth No. 132.....

DEC 6 1949 * 45
REGISTRATION
DISTRICT NO. 42-60

NORTH CAROLINA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25535

1. PLACE OF DEATH a. COUNTY Halifax			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Virginia		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roanoke Rapids, N. C.			b. COUNTY Greenville		
c. LENGTH OF STAY (in months) 3 WKS					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Roanoke Rapids Hospital			e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Skippers		
3. NAME OF DECEASED (Type or Print) a. (First) Mamie b. (Middle) Garner c. (Last) West 230			4. DATE OF DEATH (Month) 11 (Day) 25 (Year) 49		
5. SEX Female		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH (Year) Apr. 9 1886 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Homewife		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
13. FATHER'S NAME Sam Garner			11. BIRTHPLACE (State or foreign country) Greenville Co. Virginia 45		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
18. CAUSE OF DEATH Enter only one cause per Line for (a), (b), and (c)			14. MOTHER'S MAIDEN NAME Cynthia Virginia EMMIX Matthews		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			MEDICAL CERTIFICATION		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			<i>Psychosis due to cerebral arteriosclerosis Hemiplegia</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (b)		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21d. TIME (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from Nov 12 1949 to Nov 28 1949, that I last saw the deceased alive on Nov 19 1949, and that death occurred at 10 AM m., from the causes and on the date stated above.			21f. HOW DID INJURY OCCUR?		
23a. SIGNATURE <i>W.D. Haile</i> (Degree or title)			23b. ADDRESS Roanoke Rapids, N. C.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24d. LOCATION (City, town, or county) Roanoke Rapids (State) N.C.		
DATE RECD BY LOCAL REG. 12-1-49			25. FUNERAL DIRECTOR ADD:ESS Williams Funeral Home-Roanoke Rapids		
REGISTRAR'S SIGNATURE <i>L.K. Gray</i>					