

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

122

1. PLACE OF DEATH

County Northampton Co.Registration District No. 66-07Certificate No. 1Township South Fork Township or Village _____

City _____

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

Mrs. Mary Little(a) Residence: No. South Fork Township

(Usual place of abode)

St. _____

Ward _____

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMr. J. A. Little

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.69

OCCUPATION

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

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Northampton Co. N.C.

13. NAME

Henry C. Little

14. BIRTHPLACE (city or town)

(State or country)

Halifax Co.

15. MAIDEN NAME

Mary Ann Turner

16. BIRTHPLACE (city or town)

(State or country)

Halifax Co.

17. INFORMANT

(Address)

Mr. J. A. Little
Spartanburg N.C.

18. BURIAL, CREMATION, OR REMOVAL

Place

Home

Date

June 9, 1935

19. UNDERTAKER

(Address)

H. B. Rye
Weldon N.C.

20. FILED

Date

June 1, 1935

By

A. S. Massey

Registrar

Address

Weldon N.C.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19____, 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:

Cerebral Hemorrhage
Apoplexy
Paralysis

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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?

If so, specify _____

(Signed)

Wesley Parker

M. D.

(Address)

Weldon N.C.