

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—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.

County Halifax #2 STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
City Rosemary, N.C.
Township No. Roanoke Rapids

NOV 10 1914 CERTIFICATE AND RECORD OF DEATH. 386

42-5544 Registered No. 77

Street _____ Ward _____

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Linwood Paul DelBerry

PERSONAL AND STATISTICAL PARTICULARS.						MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	Single			DATE OF DEATH			
Male	White	MARRIED	March	2	913	Oct	4	1914	
DATE OF BIRTH	(Month)	(Day)	(Year)			(Month)	(Day)	(Year)	
AGE	1 years, 2 months, 2 days	If LESS than 1 day hrs. or min.							
OCCUPATION	None					I HEREBY CERTIFY, That I attended the deceased			
Trade, Profession or particular kind of work.						Sept 1st	to Oct 1st	1914	
General nature of industry, business, or establishment in which employed (or employer)	None					Oct 1st		1914	
BIRTHPLACE (State or country)	Rosemary, N.C.								
NAME OF FATHER	Jas. E. DelBerry								
BIRTHPLACE OF FATHER (State or country)	Northampton Co., N.C.								
MAIDEN NAME OF MOTHER	Maggie Garner								
BIRTHPLACE OF MOTHER (State or country)	Greenville Co., Va.								
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.						CONTRIBUTORY (Secondary)			
(Informant)	Jas. E. DelBerry					Glo - Colit.	1 yrs.	1 mos.	
(Address)	Rosemary, N.C.					Ett Aggris	2 yrs.	2 mos.	
Oct. 5th. 1914	Rev Brown					Oct 5th. 1914			
						State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
						LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)			
At place of death yrs. mos. ds. In the State yrs. mos. ds.									
Where was disease contracted, if not at place of death?									
Former or usual residence									
PLACE OF BURIAL OR REMOVAL						DATE OF BURIAL			
Northampton Co., N.C.						Oct. 5th.	1914		
UNDERTAKER						ADDRESS			
						Hancock House Co., Roanoke Rap			

Registrar.