

DEC 12 1961

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

32062

REGISTRATION DISTRICT NO. 39-70

REGISTRAR'S CERTIFICATE NO. 433

This is a legal record and will be permanently filed.

0

120

Type or write legibly. Use black ink.

3

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).

FORM 8
Rev. 1-58

1. PLACE OF DEATH a. COUNTY Granville		b. TOWNSHIP Oxford		c. LENGTH OF STAY (in 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C. b. COUNTY Granville	
d. CITY OR TOWN Oxford		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN Oxford		Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS or R. F. D. NO. Oxford N.C.			
3. NAME OF DECEASED (Type or Print) First Annie Middle Bailey Last Davis		4. DATE OF DEATH 11-22-1961		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5-27-1878		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Granville County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Sidney Bailey		14. MOTHER'S MAIDEN NAME Heneretta Garner		NAME OF HUSBAND OR WIFE Elwood P. Davis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S NAME AND ADDRESS Miss. Lena Davis Oxford N.C.			
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart failure DUE TO (c) Broncho-pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4341 Chronic Severe Rheumatoid Arthritis							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)					
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR M.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP COUNTY STATE	
21. I attended the deceased from 1958 to death, and last saw her alive on 11/21/61. Death occurred at 6 A.M. on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE William B. Lutz Jr. M.D.				22b. ADDRESS Oxford N.C.		22c. DATE SIGNED 11/24/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-23-1961		23c. NAME OF CEMETERY OR CREMATORY Goodhope Church		23d. LOCATION (City, town, or county) (State) Granville County N.C.	
24. DATE REC'D BY LOCAL REG. 12/1/61		25. REGISTRAR'S SIGNATURE Miller M.D.		26. FUNERAL DIRECTOR ADDRESS J.A. Sandling Jr Franklinton N.C.			

THIS COPY FOR STATE BOARD OF HEALTH