

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICSDr. G. L. Smith
306

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wayne Co. State N. C. Registered No. 22
 Township Weldon Twp. or Village _____
 City _____
 (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

Major Edmund Garner
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) C

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

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

7. AGE Years _____ Months 9 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Weldon Township
(State or country)13. NAME Charlie Ashly Garner14. BIRTHPLACE (city or town) Wilmington C.
(State or country)15. MAIDEN NAME Hate Medlin16. BIRTHPLACE (city or town) Wayne Co.
(State or country)17. INFORMANT Mr. Charles Garner
(Address) Weldon N.C. R.F. II.18. BURIAL, CREMATION, OR REMOVAL
Place Medlin Twp. Date Sept 5, 193019. UNDERTAKER By Parents
(Address)20. FILED Sept 4, 1930 Weldon N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 4, 1930

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 to Sept 4, 1930
 I last saw him alive on Sept 3, 1930, death is said to have occurred on the date stated above, at 6:40.

The principal cause of death and related causes of importance in order of onset were as follows:
Exhaustion

Contributory causes of importance not related to principal cause: Obelosis

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no23. 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? noIf so, specify H. G. Bassler(Signed) H. G. Bassler M. D.
(Address) Weldon N.C.

DEATH 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.