

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County

Township

City

STANDARD CERTIFICATE OF DEATH

Le Gantier

306

Yuefus C. 42547 N. C.

State

Registered No. 22

or

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

(a) Residence: No.

(Usual place of abode)

St. Ward.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	C
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of		C

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

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

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	C
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	C

OCCUPATION	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)	Winston Twpship
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FATHER	13. NAME	Charlie Cishly Garner.
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MOTHER	14. BIRTHPLACE (city or town) (State or country)	Charlotte N.C.
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MOTHER	15. MAIDEN NAME	Hate Medlin
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MOTHER	16. BIRTHPLACE (city or town) (State or country)	Holiday Co.
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MOTHER	17. INFORMANT	M. C. Charlie C. Garner
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MOTHER	18. BURIAL, CREMATION, OR REMOVAL Place	Medina Cemetery
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MOTHER	19. UNDERTAKER (Address)	By Parente
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MOTHER	20. FILED	Sept 4 1930
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MOTHER	REGISTRAR
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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, 1930, to Sept 4, 1930, death is said to have occurred on the date stated above, at 6:45 A.M.	
The principal cause of death and related causes of importance in order of operation were as follows:	
Exhaustion	
Date of onset	9-1-30
Contributory causes of importance not related to principal cause	Obstruction
Date of	9/1/30

- Name of operation _____ Date of _____
- What test confirmed diagnosis? none Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
- 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? no
If so, specify _____
- (Signed) H. G. Bassler M. D.
(Address) Winston N.C.