

PERMANENT, 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. See instructions on back of certificate.

## PLACE OF DEATH

County Halifax 42  
Township Roanoke Rapid  
Town Roanoke Rapid

City \_\_\_\_\_

Registration District No.

(No.)

## North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

334

## CERTIFICATE OF DEATH

42-2289

File No. \_\_\_\_\_

90

Registered No. \_\_\_\_\_

St. \_\_\_\_\_

Ward) \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

Richard H. Garner

656 ✓

## PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

whiteSINGLE,  
MARRIED,  
WIDOWED  
or DIVORCED  
(Write the word)Married

## DATE OF BIRTH

aug 17

(Month)

(Day), 1831

(Year)

## AGE

73 yrs. 3 mos. 20 ds.

IF LESS than  
1 day, hrs.  
or min.

## OCCUPATION

- (a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer)

## EDUCATIONAL ATTAINMENTS

good

## BIRTHPLACE

Northampton Co N.C.

## PARENTS

NAME OF FATHER

R. H. GarnerBIRTHPLACE OF FATHER  
(State or Country)Northampton Co N.C.

MAIDEN NAME OF MOTHER

Elsie Mae GarverBIRTHPLACE OF MOTHER  
(State or Country)Northampton Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Phil Garner

(Address)

Welders Inc

Filed

Nov 18, 1914 New Bern

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## DATE OF DEATH

Nov 16

(Month)

1914

(Year)

I HEREBY CERTIFY, That I attended deceased from

Nov 16, 1914 to Nov 16, 1914that I last saw him alive on Nov 16, 1914and that death occurred on the date above stated, at 7 P.M.

The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis126

(Duration) yrs. 12 mos. 0 days

Contributory (Secondary) Chronic Bronchitis

(Duration) yrs. 3 mos. 0 days

(Signed) W. A. Long, M.D.11/16, 1914 (Address) Roanoke Rapid, N.C.

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

Northampton Co

## DATE OF BURIAL

Nov 18, 1914

## UNDERTAKER

## ADDRESS

E. B. Love, Roanoke Rapid, N.C.