

IN. D.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Northampton State N.C.

Register No. 43

Township

Quinton Village

or

City

Edgar No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence, No.

(Usual place of abode)

St. Ward.

(If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex

4 Color or Race

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced

Husband of
(or) Wife of

John Garner

married

6 Date of birth (month, day, and year)

Nov. 1 1872

7 Age

years

Months

Days

If LESS than
1 day, hrs.
or min.

48

9

15

8 Occupation of deceased

(a) Trade, Profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 Birthplace (city or town)

(State or country)

Northampton Co.

10 Name of Father

Wilson Garner

11 Birthplace of Father (city or town)

(State or country)

Northampton Co.

12 Maiden Name of Mother

Mary Howell

13 Birthplace of Mother (city or town)

(State or country)

Northampton Co.

14

Informant
(Address)

Mrs. Louis Garner

15

Filed

Sept. 23 1920

Signature

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year)

Sept 16 1920

17

I HEREBY CERTIFY, That I attended deceased from

Sept 16, 1920, to Sept 16, 1920

that I last saw him alive on Sept 16, 1920

and that death occurred, on the date stated above, at 7:55 P.M.

The CAUSE OF DEATH* was as follows:

Asphyxia

Accident

(duration) yrs. mos. ds.

Contributory Cause(s) following
Secondary streptococcus pneumoniae

(duration) yrs. mos. ds.

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John C. Martin, M.D.

Sept. 18 1920 (Address) Roanoke Rapids, NC.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal

Northampton Co. Sept. 17 1920

Date of Burial

20 Undertaker

Address

Glover & Smith Roanoke Rapids