

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

61

I. PLACE OF DEATH:

(a) County Durham
 (b) Township _____
 (If in town limits, leave blank)
 (c) City or town Durham
 (If outside city or town limits, write RURAL)
 (d) Street, hospital or institution Duke Hospital
 (e) Length of stay in hospital or institution 13
 (Yes, mon., or days)
 In this community _____
 (Yrs., mon., or days)

Registration Dist. No. 22-95 Certificate No. 434

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N.C. (b) County HALIFAX
 (c) City or town ROANOKE RAPIDS
 (d) Street or R.F.D. 1023 HAMILTON ST.
 (e) Is place of residence in corporate limits? yes
 (f) If foreign born, how long in U.S.A.? _____ years.

3(a) FULL NAME PATRICIA ANN GARNER3(b) If veteran,
name war3(c) Social Security
No.

4. Sex

F

5. Color or Race

W6(a) Single, married, widowed,
or divorced. Child

6(b) Name of husband or wife

0

(c) Age of husband or wife if alive

0

years.

7. Birth date of deceased

February 9, 1941
(month, day and year)

8. AGE:

Years

0

Months

3

Days

16If less than one day
hrs. _____ mins.

9. Birthplace

HALIFAX, N.C.
(city, town, or county) (State or foreign country)

10. Usual occupation

Child

11. Industry or business

12. Name

CHIFTON EARL GARNER

13. Birthplace

HALIFAX, N.C.

14. Maiden Name

EDNA ALICE MURRAY

15. Birthplace

CUMBERLAND, N.C.

16(a) Informant's Signature

(b) Address

17(a)

Burial

(b) Date thereof

5-22-41
(Month, day, year)

(c) Cemetery

Roanoke Rapids Cemetery

(d) Location

Roanoke Rapids, NC

18(a) Funeral director

W.C. Williams

(b) Address

Roanoke Rapids, N.C.

19(a)

Filed

Registrar

N.U.

MEDICAL CERTIFICATION

20. Date of death 5-20 1941 at 10:45 P.M.21. I certify that death occurred on the date above stated; that I attended
deceased from 5-7 1941 to 5-20 1941
and that I last saw HER alive on 5-20 1941.Immediate cause of death Pneumonia +
Staphylococcus SepticemiaDuration
29Due to Safety pin (open) in
gastrointestinal tract
Due to gangrene of left hand

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Physician

Underline the
cause to which
death should
be charged
statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur about home, on farm, in industrial place, in a public
place?

While at work?

(e) Means of injury

23. Signature

Address

Dr. H. M. Minton
Duke Hospital
Durham, N.C.Date signed 5-21-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS:
Please write the causes of death clearly and legibly.