

N. B.—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.

B.V.S.—FORM 7

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

54.2

152

18

1 PLACE OF DEATH  
County Halifax

Registration District No. 42-55747

State NC

Register No. 18

Township Meldon N.C.

or Village

City Halifax, North Carolina

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Malvina Archibald Garner infant

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

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

years mos. ds.

How long in U. S. if of foreign birth? years mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male

4 Color or Race white

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

single

5a If married, widowed, or divorced

Husband of  
(or) Wife of

single

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

7 Age None years None Months None Days 29 If LESS than  
1 day, hrs. or min.

8 Occupation of deceased

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

(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)

Halifax Co NC

10 Name of Father Archibald Garner

Parents

11 Birthplace of Father (city or town)

(State or country)

Halifax County NC

12 Maiden Name of Mother Ada Fulgham

13 Birthplace of Mother (city or town)

(State or country)

Halifax County NC

14

Informant Jessie Garner  
(Address) Meldon N.C.

15

Filed 3/1 1919 Off. O.H. Rawe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Feb 23 1919

17

I HEREBY CERTIFY, That I attended deceased from

Feb 19 1919 to Feb 22 1919

that I last saw him alive on Feb 21 1919

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Bronchitis

(duration) yrs. mos. ds.

Infant 0 -

(duration) yrs. mos. ds.

Infant 0 -

Contributory (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

R. P. Moyle, M.D.

. 1919 (Address)

Meldon N.C.

\*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

Date of Burial

Halifax County NC Feb 24 1919

20 Undertaker

Address

E. B. Glover Funeral Home & Chapel