

NORTH CAROLINA STATE BOARD OF HEALTH

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAR 7 1972

REGISTRATION
DISTRICT NO. 42-61
LOCAL NO. 94

6127

TYPE OR PRINT IN
PERMANENT
BLACK INK

NAME OF DECEASED			FIRST	MIDDLE	LAST	DATE OF DEATH 2. Feb. 17, 1972	(MONTH, DAY, YEAR)	
1.	SEX Male	COLOR OR RACE White	STATE OF BIRTH 3. Virginia	IF NOT IN U.S.A., NAME COUNTRY	DATE OF BIRTH 6. August 9, 1882	AGE IN YEARS LAST BIRTHDAY 7. 89	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MIN.
PLACE OF DEATH COUNTY 8a. Halifax			USUAL RESIDENCE WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION STATE 9a. North Carolina			COUNTY 9b. Halifax		
NAME OF HOSPITAL OR INSTITUTION 8c. Woodard Nursing Home			INSIDE CITY LIMITS SPECIFY YES OR NO 8d. Yes			INSIDE CITY LIMITS SPECIFY YES OR NO 8e. Yes		
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10. Never Married			SURVIVING SPOUSE IF WIFE, GIVE MAIDEN NAME: 11.			STREET ADDRESS OR R.F.D. No. 12. 1022 Franklin St.		
CITIZEN OF WHAT COUNTRY? 12. U.S.A.			SOCIAL SECURITY NUMBER 13. None			USUAL OCCUPATION KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED 14a. Farm Labor		
FATHER'S NAME 15. Samuel Garner			MOTHER'S MAIDEN NAME 16. Chrissie Matthews			KIND OF BUSINESS OR INDUSTRY 14b.		
INFORMANT'S NAME AND ADDRESS 17. Mrs. Inez Kidd 1022 Franklin St. Roanoke Rapids, N.C.								
STATE BOARD OF HEALTH COPY 4369 CAUSE	PART I. DEATH CAUSED BY:			ENTER ONLY ONE CAUSE PER LINE FOR 18a, 18b, 18c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	18a. IMMEDIATE CAUSE <i>Cerebrovascular accident</i>						<i>3 weeks</i>	
	18b. DUE TO, OR AS A CONSEQUENCE OF <i>Atherosclerosis</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)								
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			DESCRIBE HOW INJURY OCCURRED ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b			AUTOPSY? 19b. No		
20a. TIME OF INJURY			20b. INJURY AT WORK (SPECIFY YES OR NO)			PLACE OF INJURY AT HOME, FARM, STREET, FACTORY OFFICE BLDG., ETC. (SPECIFY)		
20c.			20d.			20e.		
CERTIFICATION-PHYSICIAN: I ATTENDED THE DECEASED FROM 10. 2-17-72 AND LAST SAW HIM HER ALIVE ON 277-72 DEATH			CERTIFICATION-MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE, CAUSE(S) STATED					
21. OCCURRED <i>2-17-72</i> ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED SIGNATURE OF CERTIFIER <i>Norman M.</i>			22. ABOVE THE DECEASED WAS PRONOUNCED DEAD AT <i>2-17-72</i> M. ON <i>19</i>					
23a.			23b. DEGREE OR TITLE <i>MD</i>	23c. DATE SIGNED <i>2-22-72</i>	23d. ADDRESS <i>Enfield, NC</i>			
BURIAL, CREMATION, OTHER 24a. Burial			DATE 24b. 2/19/1972	NAME OF CEMETERY OR CREMATORIUM 24c. Cedarwood Cemetery			LOCATION 24d. Roanoke Rapids, N.C.	STATE
FUNERAL HOME 25. Branch Funeral Home			NAME Roanoke Rapids, N.C.	SIGNATURE OF FUNERAL DIRECTOR 26. <i>Charles W. Patterson</i>			LICENSE NO. 1965	
DATE REC'D BY LOCAL REG. 27. 2-25-72			SIGNATURE OF REGISTRAR <i>LS Roog, M.D.</i>	SIGNATURE OF EMBALMER 28. <i>Charles W. Patterson</i>			LICENSE NO. 1103	
29.								