

Birth No. 132

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

This is a legal record and will be permanently filed.

Type or write legibly.  
Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

AUG 4 1953  
REGISTRATION DISTRICT NO. 6600

REGISTRAR'S CERTIFICATE NO.

17228

1. PLACE OF DEATH a. COUNTY <b>Northampton</b>			b. TOWNSHIP	c. LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)			
					a. STATE <b>N.C.</b>	b. COUNTY <b>Northampton</b>		
d. CITY OR TOWN <b>Gaston</b>			Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN <b>Gaston</b>			
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION at home.					f. STREET ADDRESS or R.F.D. NO.			
3. NAME OF DECEASED a. (First) <b>Sarah</b>		b. (Middle) <b>E.</b>	c. (Last) <b>Floyd</b>		4. DATE OF DEATH <b>July 20, 1953</b>	(Month)	(Day)	(Year)
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 24, 1868</b>	9. AGE (In years, months, days) Last birthday <b>85</b>	10. BIRTHPLACE (State or foreign country) <b>N.C.</b>	11. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY					
13. FATHER'S NAME <b>John Garner</b>			14. MOTHER'S MAIDEN NAME <b>Harris</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <b>Mrs. Macon Price Gaston, N.C.</b>				

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
		<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*  <i>Generalized + Cerebral</i>  <i>Arteriosclerosis + Senility</i>  <small>DUE TO</small></p> <p>ANTECEDENT CAUSES  <i>Morbid conditions, if any, giving rise to the above cause.</i>  <i>underlying cause last.</i>  <small>DUE TO (c)</small></p> <p>II. OTHER SIGNIFICANT CONDITIONS  <i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p> <p>III. MAJOR FINDINGS OF OPERATION  <i>External Cerebral Thrombosis</i></p>					
		INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 19, 1953</i> to <i>July 20, 1953</i> , that I last saw the deceased alive on <i>July 19, 1953</i> and that death occurred at <i>7:00 AM</i> from the causes and on the date stated above.							
23a. SIGNATURE		(Doctor or title)		23b. ADDRESS		23c. DATE SIGNED	
<i>L. J. Taylor, M.D.</i>						<i>July 25, 1953</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 21, 1953</b>		24c. NAME OF CEMETERY OR CREMATORIUM <b>Family cemetery</b>		24d. LOCATION (City, town, or parish) <b>Northampton Co., N.C.</b>	
DATE REC'D BY LOCAL REGO <i>July 25-53</i>		REGISTRAR'S SIGNATURE <i>John E. Goy</i>		25. FUNERAL DIRECTOR <b>Brenn Funeral Home</b>		ADDRESS <b>Roanoke Rapids, NC</b>	