

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).

THIS COPY FOR STATE BOARD OF HEALTH

FORM 8  
Rev. 1/48

NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS									
CERTIFICATE OF DEATH									
Birth No. 132		AUG 4 1953		REGISTRATION DISTRICT NO. 6600		REGISTRAR'S CERTIFICATE NO.		17228	
1. PLACE OF DEATH a. COUNTY Northampton			b. TOWNSHIP		c. LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE N.C. b. COUNTY Northampton		
d. CITY OR TOWN Gaston			Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN Gaston		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION at home.					d. STREET ADDRESS or R. F. D. NO.				
3. NAME OF DECEASED a. (First) Sarah			b. (Middle) E.		c. (Last) Floyd		4. DATE OF DEATH (Month) (Day) (Year) July 20, 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 24, 1868		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Garner					14. MOTHER'S MAIDEN NAME Harris				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS Mrs. Macon Price Gaston, N.C.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 332X			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hemiparesis + Cerebral Anterograde Amnesia + Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) <del>antagonism</del> underlying cause last. DUE TO (c) Cerebral Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION					INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 1 day	
19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 OF INJURY (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 July 19, 1953 to July 20, 1953, that I last saw the deceased alive on July 19, 1953 and that death occurred at 4:00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE L. J. Taylor, M.D.					23b. ADDRESS Roanoke Rapids, N.C.		23c. DATE SIGNED July 25, 1953		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 21, 1953		24c. NAME OF CEMETERY OR CREMATORY Family cemetery		24d. LOCATION (City, town, or county) (State) Northampton Co., N.C.			
DATE REC'D BY LOCAL REG July 28-53		REGISTRAR'S SIGNATURE John E. Gray			25. FUNERAL DIRECTOR Address NC Brenn Funeral Home Roanoke Rapids,				