

SEP 14 1959

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 42.70

REGISTRAR'S CERTIFICATE NO. 156

21772

This is a legal record and will be permanently filed.

6 50

Type or write legibly.
Use black ink.

All items must be complete and accurate.

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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.

1. PLACE OF DEATH a. COUNTY Halifax b. TOWNSHIP Roanoke Rapids c. LENGTH OF STAY (in days) 3 days d. CITY OR TOWN Roanoke Rapids Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Roanoke Rapids Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C. b. COUNTY Halifax e. CITY OR TOWN Roanoke Rapids Is Place of Residence In City Limits? On a Farm? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> d. STREET ADDRESS or R. F. D. NO. 135 Hamilton St					
3. NAME OF DECEASED First Emma Middle Last Wrenn (Type or Print)				4. DATE OF DEATH 8/25/59					
5. SEX F	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 26, 1885	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR	IF UNDER 24 HRS			
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months 	Days 	Hours 	Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME James P. Porch			14. MOTHER'S MAIDEN NAME Carter		NAME OF HUSBAND OR WIFE Willie Wrenn				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 		17. INFORMANT'S NAME AND ADDRESS Mr. Willie Wrenn, Roanoke Rapids, N.C.				
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (e). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause first. DUE TO (b) Hypertension DUE TO (c) Generalized Artherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (b) 331X								INTERVAL BETWEEN ONSET AND DEATH 4 days	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY M.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 		20f. CITY OR TOWNSHIP 		COUNTY 	STATE
21. I attended the deceased from 8/22, 1959, to 8/25, 1959, and last saw him alive on same day. <i>Death occurred at 7:50 p.m. on the date stated above; and to the best of my knowledge from the causes stated.</i>									
22a. SIGNATURE M. C. Maddey		(Degree or title) Medical Record		22b. ADDRESS Robert Renn Funeral Home, Roanoke Rapids, NC		DATE SIGNED 9-9-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 27, 1959		23c. NAME OF CEMETERY OR CREMATORIUM Lebanon Church Cem.		23d. LOCATION (City, town, or county) (State) Northampton Co., N.C.			
24. DATE REC'D BY LOCAL REG. 9-9-59		25. REGISTRAR'S SIGNATURE Robert L. Spangler		26. FUNERAL DIRECTOR Robert L. Spangler		ADDRESS Renn Funeral Home, Roanoke Rapids, NC			