

JUL 5 1962

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

18064

REGISTRATION
DISTRICT NO. 42-80REGISTRAR'S
CERTIFICATE NO.

66
This is a legal
record and will be
permanently filed.
1 - N
656

Type or
write legibly.
Use black ink.
3

All items must be
complete and
accurate.

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

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

If there was no
doctor in attend-
ance, medical cer-
tification to be
completed by local
Health Officer, (or
Coroner, if in-
quest was held).

FORM 8
Rev. 1-56

1. PLACE OF DEATH a. COUNTY <i>Halifax</i>			b. TOWNSHIP <i>Roanoke Rapids</i>	c. LENGTH OF STAY (in days) <i>Is Place of Death Within City Limits?</i> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>N.C.</i>		
d. CITY OR TOWN <i>Gaston</i>			e. CITY OR TOWN <i>Gaston</i>	f. STREET ADDRESS or R. F. D. NO. <i>Gaston</i>	b. COUNTY <i>No place</i>		
g. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Roanoke Rapids Hospital</i>			h. Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>			i. DATE OF DEATH <i>June 22 1962</i>	
3. NAME OF DECEASED (Type or Print) <i>Betty High Garner</i>	First <i>Betty</i>	Middle <i>High</i>	Last <i>Garner</i>	4. DATE OF DEATH <i>June 22 1962</i>	Month <i>June</i>	Day <i>22</i>	Year <i>1962</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-28-1871</i>	9. AGE (In years last birthday) <i>91</i>	IF UNDER 1 YEAR <input type="checkbox"/>	IF UNDER 24 HRS. <input type="checkbox"/>	Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Northampton County, NC</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Thomas Person High</i>			14. MOTHER'S MAIDEN NAME <i>Elfrida Penneath More John Henry Garner</i>	NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>—</i>			16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S NAME AND ADDRESS <i>Mrs. W. G. Clarkson - Gaston N.C.</i>			
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertension Cardiovascular Disease</i> 2 yrs. ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>Arteriosclerosis to Lungs and Bronchopneumonia</i> 2 weeks. DUE TO (b) _____ DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 442X ✓							
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)					
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY		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 <i>Gaston</i>	COUNTY <i>Gaston</i>	STATE <i>N.C.</i>
21. I attended the deceased from <i>6/10</i> , 1962, to <i>6/22</i> , 1962, and last saw her alive on <i>6/22</i> , 1962. Death occurred at <i>7:55 p.m.</i> on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <i>L. J. Taylor M.D.</i>		(Degree or title) <i>MD</i>		22b. ADDRESS <i>Roanoke Rapids N.C.</i>	22c. DATE SIGNED <i>6/22/62</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6/24/62</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Shilo church Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Gaston N.C.</i>		
24. DATE REC'D BY LOCAL REG. <i>6-25-62</i>		25. REGISTRAR'S SIGNATURE <i>Robert Young</i>	26. FUNERAL DIRECTOR <i>me</i>		ADDRESS <i>Branch funeral home Roanoke Rapids N.C.</i>		