

SEP 8 1964

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

## CERTIFICATE OF DEATH

24866

42

REGISTRATION  
DISTRICT NO. 42-80REGISTRAR'S  
CERTIFICATE NO.This is a legal  
record and will be  
permanently filed.1-N  
Type or  
write legibly.  
Use black ink.  
345  
2All items must be  
complete and  
accurate.The undertaker, or  
person acting as  
such, is responsi-  
ble 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).

|                                                                                                                                                                                                                                                                       |  |                                                                                                           |  |                                                                                                                                                             |  |                                                                                                                                        |  |                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Halifax</i>                                                                                                                                                                                                                         |  | b. TOWNSHIP                                                                                               |  | c. LENGTH OF STAY (in 1a) <i>109w</i>                                                                                                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <i>N.C.</i> b. COUNTY <i>Halifax</i> |  |                                                                                |  |
| d. CITY OR TOWN <i>Roanoke Rapids</i>                                                                                                                                                                                                                                 |  | Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  | c. CITY OR TOWN <i>Halifax NC</i>                                                                                                                           |  | Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                              |  | On a Farm? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| e. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>Roanoke Rapids Hospital</i>                                                                                                                                                |  |                                                                                                           |  |                                                                                                                                                             |  | d. STREET ADDRESS or R. F. D. NO. <i>Rt-2 Box 111-E</i>                                                                                |  |                                                                                |  |
| 3. NAME OF DECEASED<br>(Type or Print) <i>Minnie Holdford Medlin</i>                                                                                                                                                                                                  |  |                                                                                                           |  |                                                                                                                                                             |  | 4. DATE OF DEATH<br>Month <i>8</i> Day <i>19</i> Year <i>64</i>                                                                        |  |                                                                                |  |
| 5. SEX <i>Female</i>                                                                                                                                                                                                                                                  |  | 6. COLOR OR RACE <i>White</i>                                                                             |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><i>9-6-97</i>                                                                                                      |  | 9. AGE (In years last birthday) <i>67</i>                                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i>                                                                                                                                                       |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>Housewife</i>                                                     |  | 11. BIRTHPLACE (State or foreign country)<br><i>N.C.</i>                                                                                                    |  | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A</i>                                                                                           |  |                                                                                |  |
| 13. FATHER'S NAME<br><i>James A. Holdford</i>                                                                                                                                                                                                                         |  |                                                                                                           |  | 14. MOTHER'S MAIDEN NAME<br><i>Blanche Garner</i>                                                                                                           |  | NAME OF HUSBAND OR WIFE<br><i>Forest C. Medlin</i>                                                                                     |  |                                                                                |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>                                                                                                                                                                                          |  | 16. SOCIAL SECURITY NO.<br><i>240-32-7920</i>                                                             |  | 17. INFORMANT'S NAME AND ADDRESS<br><i>Ms. Virginia Hagelwood, Weldon 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>Cervix carcinoma metastases.</i>                                                                                                                                                                                                               |  |                                                                                                           |  |                                                                                                                                                             |  |                                                                                                                                        |  |                                                                                |  |
| ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                                                                                                                                                          |  |                                                                                                           |  |                                                                                                                                                             |  |                                                                                                                                        |  |                                                                                |  |
| DUE TO (b)                                                                                                                                                                                                                                                            |  |                                                                                                           |  |                                                                                                                                                             |  |                                                                                                                                        |  |                                                                                |  |
| DUE TO (c)                                                                                                                                                                                                                                                            |  |                                                                                                           |  |                                                                                                                                                             |  |                                                                                                                                        |  |                                                                                |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)                                                                                                                                         |  |                                                                                                           |  |                                                                                                                                                             |  |                                                                                                                                        |  |                                                                                |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                     |  |                                                                                                           |  |                                                                                                                                                             |  |                                                                                                                                        |  |                                                                                |  |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><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 OF INJURY<br>MONTH, DAY, YEAR HOUR<br><i>3:15 P.M.</i>                                                                                                                                                                                                      |  | 20d. INJURY OCCURRED<br>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<br><i>Roanoke Rapids N.C.</i>                                                                       |  |                                                                                |  |
| 21. I attended the deceased from <i>March</i> 19 <i>64</i> to <i>8-19</i> 19 <i>64</i> , and last saw her alive on <i>8-19</i> 19 <i>64</i> .<br>Death occurred at <i>3:15 P.M.</i> on the date stated above; and to the best of my knowledge from the causes stated. |  |                                                                                                           |  |                                                                                                                                                             |  |                                                                                                                                        |  |                                                                                |  |
| 22a. SIGNATURE<br><i>J. J. Jondren</i>                                                                                                                                                                                                                                |  |                                                                                                           |  | (Degree or title)<br><i>M.D.</i>                                                                                                                            |  | 22b. ADDRESS<br><i>Roanoke Rapids N.C.</i>                                                                                             |  | 22c. DATE SIGNED<br><i>8-19-64</i>                                             |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>                                                                                                                                                                                                            |  | 23b. DATE<br><i>8-20-64</i>                                                                               |  | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Cedarwood</i>                                                                                                      |  | 23d. LOCATION (City, town, or county) (State)<br><i>Weldon N.C.</i>                                                                    |  |                                                                                |  |
| 24. DATE REC'D BY LOCAL REG.<br><i>August 25, 1964</i>                                                                                                                                                                                                                |  | 25. REGISTRAR'S SIGNATURE<br><i>Robert J. Jondren</i>                                                     |  | 26. FUNERAL DIRECTOR<br><i>Leonard Hockaday</i>                                                                                                             |  | ADDRESS<br><i>Roanoke Rapids N.C.</i>                                                                                                  |  |                                                                                |  |

THIS COPY FOR STATE BOARD OF HEALTH

MEDICAL CERTIFICATION

Burial - Transit  
8-20-64

FORM 8

Rev. 1-58

1-61-50M