

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH 422

## I. PLACE OF DEATH

County Halifax Co. Registration District No. 42-60 Certificate No. 1  
Township Panola Rapids Township Village \_\_\_\_\_ or \_\_\_\_\_  
City Panola Rapids  
(If death occurred in a hospital or institution, give its Name instead of street and number)  
Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Wynnis Wilson Garner  
(a) Residence: No. Panola Rapids Township Ward. 42-68  
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lattie Garner  
6. DATE OF BIRTH (month, day, and year) Sept 6  
7. AGE 41 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. C. 1-18-37  
10. Date deceased last worked at this occupation (month and year) 10 yrs. 11. Total time (years) spent in this occupation \_\_\_\_\_

## MOTHER FATHER

12. BIRTHPLACE (city or town) Grove City N.C. (State or country) N.C.  
13. NAME Wm. Henry Garner  
14. BIRTHPLACE (city or town) Hamlet N.C. (State or country) N.C.  
15. MAIDEN NAME Bettie Mason Stark  
16. BIRTHPLACE (city or town) Grove City N.C. (State or country) N.C.  
17. INFORMANT Wm. Lattie Garner (Address) Hotel - Box 14 Grove City N.C.

18. BURIAL, CREMATION, OR REMOVAL Hamlet N.C. Date Jan 3, 1937

19. UNDERTAKER W. G. The Funeral Home (Address) Hamlet N.C.

20. FILED Jan 14, 1937 Ed Shivers

REGISTRAR.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 2, 1937  
22. I HEREBY CERTIFY, That I attended deceased from Several years to Jan 2, 1937  
I last saw him alive on Dec 30, 1936, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary Tuberculosis Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause:

Toxic Sores

Name of operation \_\_\_\_\_ date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) John W. Hunt M. D.  
(Address) Hamlet N.C.