

APR 6 1972

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

10339

TYPE OR PRINT IN
PERMANENT
BLACK INKREGISTRATION
DISTRICT NO.

43-80 LOCAL NO. 151

NAME OF DECEASED				FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)			
1. Annie Garner Holmes				2. March 20, 1972						
SEX	COLOR OR RACE	STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 1 YEAR	IF UNDER 24 HOURS			
3. Female	4. White	5. Virginia	6. June 2, 1889	7. 82	8. Months	9. Days	10. Hours	11. Min.		
PLACE OF DEATH COUNTY 8a. Halifax				USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) CITY OR TOWN 8b. Roanoke Rapids						
NAME OF HOSPITAL OR INSTITUTION 8c. Roanoke Rapids Hospital				STATE 9a. North Carolina CITY OR TOWN 9b. Roanoke Rapids						
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10. SPECIFY Widowed		SURVIVING SPOUSE 11. If wife, give maiden name:		STREET ADDRESS OR R.F.D. No. 12. 309 Jefferson St.			INSIDE CITY LIMITS SPECIFY YES OR NO 13. Yes			
CITIZEN OF WHAT COUNTRY? 12. U.S.A.		SOCIAL SECURITY NUMBER 13. 244-10-7504		USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Textile			KIND OF BUSINESS OR INDUSTRY 14b. J.P. Stevens			
FATHER'S NAME 15. Samuel Garner				MOTHER'S MAIDEN NAME 16. Chrissie Matthews						
INFORMANT'S NAME AND ADDRESS 17. Mr. William Edward Holmes 309 Jefferson St. Roanoke Rapids, N.C.										
PART I. DEATH CAUSED BY: 486X CAUSE				ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, 1d 1a. IMMEDIATE CAUSE: Pneumonia 1b. DUE TO, OR AS A CONSEQUENCE OF: <i>309 Jefferson St.</i> 1c. DUE TO, OR AS A CONSEQUENCE OF: 18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: 1d 19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED SPECIFY 19b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b) 19c. 19d. 20a. TIME OF INJURY MONTH DAY YEAR HOUR 20b. INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20c. 20d. 20e. 20f. 19. 19b. 19c. 21. OCCURRED AT 8:45 A.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED SIGNATURE OF CERTIFIER <i>J.E. Drayton</i> DEGREE OR TITLE <i>M.D.</i> DATE SIGNED <i>3-24-72</i> ADDRESS <i>Roanoke Rapids, N.C.</i> 22. ABOVE THE DECEDENT WAS PROCLAIMED DEAD AT _____ M. ON 19. 23a. 23b. 23c. 24a. BURIAL, CREMATION, OTHER SPECIFY Burial 24b. DATE <i>3/22/1972</i> NAME OF CEMETERY OR CREMATORIAL 24c. Crestview Memorial 24d. LOCATION (CITY, TOWN, OR COUNTY) STATE Roanoke Rapids, N.C. 25. FUNERAL HOME NAME ADDRESS Branch Funeral Home Roanoke Rapids, N.C. 26. SIGNATURE OF FUNERAL DIRECTOR <i>Thel S. Boyette</i> LICENSE NO. 421 27. DATE REC'D BY LOCAL REG. SIGNATURE OF REGISTRAR 3-27-72 28. SIGNATURE OF EMBALMER <i>Thel S. Boyette</i> LICENSE NO. 59					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days	
CERTIFIER Permit issued 3-21-72 Date		CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ 19. _____ TO _____ 19. AND LAST SAW HIM HER ALIVE ON _____ 19. DEATH EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSES STATED 21. OCCURRED AT 8:45 A.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED 22. ABOVE THE DECEDENT WAS PROCLAIMED DEAD AT _____ M. ON 19. 23a. 23b. 23c. 24a. 24b. 24c. 24d. 25. 26. 27. 28.								
BURIAL 25. 26. 27. 28.		CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSES STATED 21. OCCURRED AT 8:45 A.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED 22. ABOVE THE DECEDENT WAS PROCLAIMED DEAD AT _____ M. ON 19. 23a. 23b. 23c. 24a. 24b. 24c. 24d. 25. 26. 27. 28.								
FORM B REV. 1-68 1-48-150M		SIGNATURE OF FUNERAL DIRECTOR <i>Thel S. Boyette</i> SIGNATURE OF EMBALMER <i>Thel S. Boyette</i>								