

FEB 6 1948

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

1366

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

(a) County Northampton(b) Township Gaston

(If in town limits, leave blank)

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write RURAL)

(d) Street, hospital or institution \_\_\_\_\_

(e) Length of stay in hospital or institution \_\_\_\_\_  
(Yrs., mos., or days)In this community 2 years  
(Yrs., mos., or days)Registration Dist. No. 6600 Certificate No. 1

## 2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N.C. (b) County Northampton(c) City or town Gaston

(d) Street or R.F.D. \_\_\_\_\_

(e) Is place of residence in corporate limits? \_\_\_\_\_

(f) If foreign born, how long in U.S.A.? \_\_\_\_\_ years.

## 3(a) FULL NAME

Sallie Collier Camp3(b) If veteran,  
name war3(c) Social Security  
No. 510

## 4. Sex

Female

## 5. Color or Race

White6(a) Single, married, widowed,  
or divorced. Widowed6(b) Name of husband or wife W. H. Camp

(c) Age of husband or wife if alive \_\_\_\_\_ years.

7. Birth date of deceased Jan. 24 1870

(month, day and year)

## 8. AGE:

77

Years

Months 11Days 10

If less than one day

hrs. \_\_\_\_\_ min.

9. Birthplace Northampton Co.  
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business \_\_\_\_\_

## FATHER

12. Name William H. Collier13. Birthplace Northampton Co.

## MOTHER

14. Maiden Name Rebecca Garner15. Birthplace Northampton Co.16(a) Informant's Signature Mrs. Roland Massey(b) Address Gaston N.C.17(a) Burial (b) Date thereof 1-6-48  
(Burial, cremation, or removal) (Month, day, year)(c) Cemetery Family(d) Location Northampton Co.18(a) Funeral director J. E. Frenn(b) Address Roanoke Rapids N.C.19(a) 2-4 1948 (b) Mrs. C. J. D. Jordan  
Filed Registrar

## MEDICAL CERTIFICATION

20. Date of death Jan. 4 1948 at 7:00 A.M.21. I certify that death occurred on the date above stated; that I attended  
deceased from Jan. 4 1948 to Jan. 4 1948  
and that I last saw her alive on Jan. 4 1948

Immediate cause of death

Coronary Thrombosis

Duration

2 daysDue to Generalized Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Physician

Underline the  
cause to which  
death should  
be charged  
statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur about home, on farm, in industrial place, in a public  
place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

Signature J. J. TaylorAddress Roanoke Rapids N.C. Date signed Jan 30 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS:  
Please write the causes of death clearly and legibly.