

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

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

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

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

FORM 8  
Rev. 1/49

NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF DEATH</b>									
Birth No. 132..... <b>DEC 7 1954</b>		REGISTRATION DISTRICT NO. <b>39-00</b>		REGISTRAR'S CERTIFICATE NO. <b>275</b>		26253			
1. PLACE OF DEATH a. COUNTY <b>Granville</b>		b. TOWNSHIP <b>Dutchville</b>		c. LENGTH OF STAY (in this place) <b>3 mos.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>N. C.</b> b. COUNTY <b>Granville</b>			
d. CITY OR TOWN <b>Creedmoor</b>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN <b>Creedmoor</b>		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Rt. 2</b>				d. STREET ADDRESS or R. F. D. NO. <b>Rt. 2</b>					
3. NAME OF DECEASED a. (First) <b>Beatrice</b>		b. (Middle) <b>Keith</b>		c. (Last) <b>Brogden</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 17, 1954</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH		9. AGE (In years last birthday) <b>83</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Granville County, N. C.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>George Pressley Keith</b>				14. MOTHER'S MAIDEN NAME <b>Fannie Garner KEITH</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S NAME AND ADDRESS <b>Mrs. Dazy Brogden, Rt. 2, Creedmoor, N.C.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. <b>4201</b>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Heart</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>✓</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>			
19a. DATE OF OPERATION <b>✓</b>		19b. MAJOR FINDINGS OF OPERATION <b>✓</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>✓</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>9:15</b> to <b>10:44</b> , to <b>11:17</b> , that I last saw the deceased alive on <b>11-17</b> , 1954, and that death occurred at <b>1 P.</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Joseph Thompson</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Creedmoor, N. C.</b>		23c. DATE SIGNED <b>11-18-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 19, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Creedmoor City</b>		24d. LOCATION (City, town, or county) (State) <b>Creedmoor, N. C.</b>			
DATE REC'D BY LOCAL REG. <b>11/23/54</b>		REGISTRAR'S SIGNATURE <b>Frank W. Eakes</b>		25. FUNERAL DIRECTOR <b>G. V. Eakes</b>		ADDRESS <b>Oxford, N. C.</b>			