

APR 6 1972

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

10339

REGISTRATION
DISTRICT NO.

43-80

LOCAL NO.

151

TYPE, OR PRINT IN
PERMANENT
BLACK INK

1. NAME OF DECEASED Annie Garner Holmes		2. DATE OF DEATH March 20, 1972	
3. SEX Female	4. COLOR OR RACE White	5. STATE OF BIRTH Virginia	6. DATE OF BIRTH June 2, 1889
7. AGE 82		8. PLACE OF DEATH Halifax	
9. COUNTY Halifax		10. CITY OR TOWN Roanoke Rapids	
11. NAME OF HOSPITAL OR INSTITUTION Roanoke Rapids Hospital		12. INSIDE CITY LIMITS Yes	
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		14. SURVIVING SPOUSE None	
15. CITIZEN OF WHAT COUNTRY? U.S.A.		16. SOCIAL SECURITY NUMBER 244-10-7504	
17. FATHER'S NAME Samuel Garner		18. MOTHER'S MAIDEN NAME Chrissie Matthews	
19. INFORMANT'S NAME AND ADDRESS Mr. William Edward Holmes 309 Jefferson St. Roanoke Rapids, N.C.			
20. PART I. DEATH CAUSED BY: (a) IMMEDIATE CAUSE: Pneumonia (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:			
21. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED 19b. DESCRIBE HOW INJURY OCCURRED 19c. TIME OF INJURY 19d. INJURY AT WORK 19e. PLACE OF INJURY 19f. CITY OR R.F.D. 19g. COUNTY 19h. STATE			
22. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 19 TO 19 AND LAST SAW HIM/HER ALIVE ON 19 DEATH 23. 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 CAUSE(S) STATED 24. ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT 19 M. ON 19			
25. SIGNATURE OF CERTIFIER J. E. Draper M.D. 26. DATE SIGNED 3-27-72 27. ADDRESS Roanoke Rapids, N.C.			
28. BURIAL, CREMATION, OTHER Burial 29. DATE 3/22/1972 30. NAME OF CEMETERY OR CREMATORY Crestview Memorial 31. LOCATION Roanoke Rapids, N.C.			
32. FUNERAL HOME Branch Funeral Home, Roanoke Rapids, N.C. 33. SIGNATURE OF FUNERAL DIRECTOR Thel B. Boyette 34. LICENSE NO. 421 35. SIGNATURE OF EMBALMER Thel B. Boyette 36. LICENSE NO. 59			

STATE BOARD
OF HEALTH
COPY

CAUSE

CERTIFIER

Form issued

FORM 8
REV. 1-68
1-68-150M