

OCT 7 1968

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

31069

REGISTRATION DISTRICT NO. 42-80 LOCAL NO.

4200  
TYPE, OR PRINT IN  
PERMANENT  
BLACK INK

NAME OF DECEASED		FIRST		MIDDLE		LAST		DATE OF DEATH (MONTH, DAY, YEAR)			
1. ARCHER		LEE		GARNER				2. September 18, 1968			
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. Male	4. White	5. North Carolina	6. March 29, 1889	7. 79							
PLACE OF DEATH		CITY OR TOWN		USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION)		STATE		COUNTY			
8a. Halifax		8b. Roanoke Rapids		9a. North Carolina		9b. Halifax					
NAME OF HOSPITAL OR INSTITUTION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		CITY OR TOWN							
8c. Roanoke Rapids Hospital		8d. Yes		9c. Roanoke Rapids							
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		STREET ADDRESS OR R.F.D. No.		INSIDE CITY LIMITS (SPECIFY YES OR NO)					
10. Married		11. Ada Fulghum		9d. Route 2		9e. No					
CITIZEN OF WHAT COUNTRY?		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY					
12. U. S. A.		13. 238-56-7812		14a. Farmer		14b. Farming					
FATHER'S NAME		MOTHER'S MAIDEN NAME									
15. J. H. Garner		16. Eliza Glasgow									

INFORMANT'S NAME AND ADDRESS  
17. Mr. Archer Lee Garner, Jr. 644 Raleigh Street Roanoke Rapids, N. C.

PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) IMMEDIATE CAUSE: Myocardial Infarction				< 1 day	
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY? (YES OR NO)		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
19a. Asthma + emphysema		19b. No		19c.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a. TIME OF INJURY		20b. INJURY AT WORK (SPECIFY YES OR NO)		20c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	
20d. MONTH DAY YEAR HOUR		20e. CITY OR R.F.D.		20f. COUNTY STATE	

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 9-16-1968 TO 9-18-1968 AND LAST SAW HIM, HER ALIVE ON 9-17-1968 DEATH		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	
21. OCCURRED AT 7:05 AM ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.		22. CAUSE(S) STATED ABOVE, THE DECEASED WAS PRONOUNCED DEAD AT 4 PM ON 19	
SIGNATURE OF CERTIFIER		ADDRESS	
23a. W. L. Brown MD		23b. 9-18-68 23c. Roanoke Rapids NC	

BURIAL, CREMATION, OTHER (SPECIFY)		DATE		NAME OF CEMETERY OR CREMATORY		LOCATION		CITY, TOWN, OR COUNTY		STATE	
24a. Burial		24b. 9-20-1968		24c. Crestview Mem. Ceme.		24d. Roanoke Rapids, N. C.					
FUNERAL HOME		NAME		ADDRESS		SIGNATURE OF FUNERAL DIRECTOR		LICENSE NO.			
25. Wrenn-O'Neal		Roanoke Rapids, N.C.		26. Robert L. Stephenson		712					
DATE REC'D BY LOCAL REG.		SIGNATURE OF REGISTRAR		SIGNATURE OF REGISTRAR		IF APPLICABLE		LICENSE NO.			
27. 9-20-68		28. Miss C. Sugoy		29. Robert L. Stephenson		1162					