

JUL 8 1974

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

20964

REGISTRATION DISTRICT NO. 42-80

LOCAL NO. 255

TYPE, OR PRINT IN
PERMANENT
BLACK INK

1. NAME OF DECEASED Bessie Garner Norris		DATE OF DEATH June 1, 1974	
2. SEX Female	3. COLOR OR RACE White	4. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) North Carolina	5. DATE OF BIRTH Oct. 18, 1910
6. PLACE OF DEATH Halifax	7. CITY OR TOWN Roanoke Rapids	8. STATE N.C.	9. COUNTY Halifax
10. NAME OF HOSPITAL OR INSTITUTION Halifax Memorial Hospital		11. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) *****	
14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. SOCIAL SECURITY NUMBER 238-07-0053	
16. FATHER'S NAME Charlie Leslie Garner		17. MOTHER'S MAIDEN NAME Katie Wagner	
18. INFORMANT'S NAME AND ADDRESS Mrs. Lois Kraft, 5312 Queensberry Ave., Springfield Va.			
PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)			
(a) IMMEDIATE CAUSE Myocardial Heart Failure			
(b) DUE TO, OR AS A CONSEQUENCE OF Asthma			
(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)			
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Chronic obstructive lung disease			
19b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 19)			
20a. TIME OF INJURY 20b. INJURY AT WORK (SPECIFY YES OR NO) 20c. PLACE OF INJURY (SPECIFY) 20d. CITY OR R.F.D. 20e. COUNTY 20f. STATE			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 8-27-74 TO 6-1-74 AND LAST SAW HIM/HER ALIVE ON 6-1-74 DEATH			
CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF 1112 EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED: 22. ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT 11 ON 6-1-74			
21. OCCURRED AT 3:30 A.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.			
SIGNATURE OF CERTIFIER Dr. C. Penland			
23a. BURIAL, CREMATION, OTHER (SPECIFY) Burial			
23b. DATE 6-3-74			
23c. NAME OF CEMETERY OR CREMATORY Cedarwood Cemetery			
23d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Roanoke Rapids, N.C.			
24. FUNERAL HOME Branch Funeral Home, Roanoke Rapids, N.C.			
25. DATE REC'D BY LOCAL REG. 6-3-74			
26. SIGNATURE OF REGISTRAR L. S. King			
27. SIGNATURE OF EMBALMER James W. Eubank			
28. LICENSE NO. 815			
29. LICENSE NO. 1220			

STATE BOARD
OF HEALTH
COPY

CAUSE

CERTIFIER

Permit issued

6-1-74
Date

BURIAL

FORM 8
REV. 1-68
1-68-158M