

APR 8 1958

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

## CERTIFICATE OF DEATH

7507

REGISTRATION DISTRICT NO. 42.70

REGISTRAR'S CERTIFICATE NO. 69

45  
 This is a legal record and will be permanently filed.

656

Type or write legibly.  
Use black ink.

2

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).

1. PLACE OF DEATH COUNTY Halifax			b. TOWNSHIP Roanoke Rapids	c. LENGTH OF STAY (in days) 3 wks	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
			a. STATE Va.	b. COUNTY Greenville Co.	
d. CITY OR TOWN Roanoke Rapids			c. CITY OR TOWN Skipperville	d. STREET ADDRESS Route #1	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1207 Washington St.			Is Place of Residence In City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) First Richard H. Middle Garner Last			4. DATE OF DEATH Mar. 9, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-17-1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Northampton Co.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Richard Benj. Garner			14. MOTHER'S MAIDEN NAME Mary Phillips	NAME OF HUSBAND OR WIFE Susan Grant Garner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 225 52 8265	17. INFORMANT'S NAME AND ADDRESS Mrs. R. B. Purdy Roanoke Rapids, N.C.	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) <u>Suicide &amp; Terminal Bronchitis</u> 5 yrs. ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), <u>poor diet, tobacco, alcohol</u>					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 491 X					
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)		
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY M.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY OR TOWNSHIP Greenville Co.		20g. COUNTY Va.
21. I attended the deceased from Mar. 1, 1958 to Mar. 9, 1958, and last saw him alive on Mar. 9, 1958					
Death occurred at 3:00 p.m. on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <u>J. Taylor</u> (Degree or title) MD.			22b. ADDRESS Roanoke Rapids, N. C.		
22c. DATE SIGNED 3-10-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-11-58	23c. NAME OF CEMETERY OR CREMATORIUM Garner Family	23d. LOCATION (City, town, or county) (State) Greenville Co. Va.	
24. DATE REC'D BY LOCAL REG. 3-14-58		25. REGISTRAR'S SIGNATURE <u>Robert L. Taylor</u>		26. FUNERAL DIRECTOR ADDRESS Williams Funeral Home Roanoke Ra	