

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

122

## 1. PLACE OF DEATH

County Northampton Co.Registration District No. 66-01Certificate No. 1Township Blue Island

or Village.

City \_\_\_\_\_

No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its Name instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. 240  
(usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White5. Single, Married, Widowed, or  
Divorced (write the word)Married

## 6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMr. J. A. Little

## 6. DATE OF BIRTH (month, day, and year)

7. AGE 69 Years 0 Months 0 Days  
If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.  
9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.  
10. Date deceased last worked at  
this occupation (month and  
year)None11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

(State or country)

## FATHER

13. NAME Henry C. Col14. BIRTHPLACE (city or town)  
(State or country)Charlotte, N.C.

## MOTHER

15. MAIDEN NAME Mary Ann Turner16. BIRTHPLACE (city or town)  
(State or country)Charlotte, N.C.

## 17. INFORMANT

Mr. J. A. Little

(Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Place Northampton Co. Date June 9, 1935

## 19. UNDERTAKER

A. G. Price, Funeral Home

(Address)

## 20. FINED

None Date 1935

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (month, day, and year)

June 8, 1935

## 22. I HEREBY CERTIFY, That I attended deceased from

19. to 19.

I last saw him alive on 19., death is said to have occurred on the date stated above, at 19.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage  
Appendicitis  
Peritonitis (32-1)

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19. \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. C. Fairbank M. D.(Address) Charlotte, N.C.

REGISTRAR.