

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of in formation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

B.V.S.—Form 7

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

5492

152

18

1 PLACE OF DEATH
County Halifax State NC
Township Middletown or Village _____
City _____ No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2 FULL NAME Malinda Archy Ada Garner infant 656
(a) Residence. No. _____ St. _____ Ward _____ (If nonresident give city or town and State)
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male 4 Color or Race white 5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced Husband of (or) Wife of single

6 Date of birth (month, day, and year) Jan 24 1919

7 Age years Months Days If LESS than 1 day, hrs. or min. None None 29

8 Occupation of deceased (a) Trade, Profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 Birthplace (city or town) Halifax Co NC (State or country)

10 Name of Father Archy Garner

11 Birthplace of Father (city or town) Halifax county NC (State or country)

12 Maiden Name of Mother Ada Fulgham

13 Birthplace of Mother (city or town) Halifax county NC (State or country)

14 Informant Jessie Garner (Address) Middletown NC

15 Filed 3/1 1919 O. H. Rowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Feb 23 1919

17 I HEREBY CERTIFY, That I attended deceased from July 19 1919 to July 22 1919 that I last saw him alive on July 4 1919 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: Bronchitis

(duration) yrs. mos. ds. 5 5

Contributory (SECONDARY) (duration) yrs. mos. ds. 5 5

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? yes Date of _____

Was there an autopsy? yes

What test confirmed diagnosis? R. P. Moxley, M.D. (Signed) Middletown NC (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal Halifax county NC Date of Burial Feb 24 1919

20 Undertaker E. B. Glover Address Roanoke Rapids NC