

MARGIN RESERVED FOR BINDING

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. The correct age is especially important.
Please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

259

1. PLACE OF DEATH:		
(a) County	<u>Halifax</u>	
(b) Township	<u>Weldon</u> (If in town limits, leave blank)	
(c) City or town	<u>Weldon</u> (If outside city or town limits, write RURAL)	
(d) Street, hospital or institution	<u>Woodlawn Ave.</u>	
(e) Length of stay in hospital or institution	<u>None</u> (Yrs., mos., or days)	
In this community	<u>Life</u> (Yrs., mos., or days)	

Registration Dist. No. 42.5-2 - Certificate No. 7

2. HOME (USUAL RESIDENCE) OF DECEASED:		
(a) State	<u>N.C.</u>	(b) County <u>Halifax</u>
(c) City or town	<u>Weldon</u>	
(d) Street or R.F.D.	<u>Woodlawn</u>	
(e) Is place of residence in corporate limits?	<u>yes</u>	
(f) If foreign born, how long in U.S.A?	years.	

3(a) FULL NAME <u>Mrs. Nannie Della Summerville</u>				
3(b) If veteran, name war	3(c) Social Security No.			
4. Sex	5. Color or Race	6(a) Single, married, widowed, or divorced.		
<u>Female</u>	<u>white</u>	<u>Widowed</u>		
6(b) Name of husband or wife <u>William Wade Summerville</u>				
(e) Age of husband or wife if alive years.				
7. Birth date of deceased <u>March 12, 1870</u> (month, day and year)				
8. AGE:	Years <u>73</u>	Months <u>0</u>	Days <u>0</u>	If less than one day hrs. _____ mins. _____
9. Birthplace <u>Near Weldon</u> (City, town, or county) (State or foreign country)				
10. Usual occupation <u>House wife</u>				
11. Industry or business				
MOTHER FATHER	12. Name <u>Jim Garner</u>			
	13. Birthplace <u>Near Weldon</u>			
14. Maiden Name <u>Lucy Green Garner</u>				
15. Birthplace <u>Near Weldon</u>				
16(a) Informant's Signature <u>Daisy Summerville</u>				
(b) Address <u>Weldon, N.C.</u>				
17(a) Burial _____ (b) Date thereof <u>March 17, 1943</u> (Burial, cremation, or removal) (Month, day, Year)				
(c) Cemetery <u>Woodlawn Cemetery</u>				
(d) Location <u>Weldon, N.C.</u>				
18(a) Funeral director <u>H. G. Lowe's Funeral Home</u>				
(b) Address <u>Weldon, N.C.</u>				
19(a) Date of birth <u>Jan 5, 1870</u> (b) Date of death <u>Mar 31, 1943</u>				

Filed

Registrar

564 MEDICAL CERTIFICATION		
20. Date of death	<u>3-12-1943</u>	at _____
21. I certify that death occurred on the date above stated; that I attended deceased from <u>2-26-1943</u> to <u>3-12-1943</u> and that I last saw her alive on <u>3-12-1943</u>		
Immediate cause of death <u>Bronchial Pneumonia</u>		
Duration <u>14 days</u>		
Due to <u>Pathogenic Bronchitis</u> <u>many years</u>		
Due to <u>(107)</u>		
Other conditions <u>Chronic</u> <u>Hemoptysis - Cough</u> (Include pregnancy within 3 months of death)		
Major findings: <u>Of operations</u> <u>unknown</u>		
Of autopsy		
22. If death was due to external causes, fill in the following:		
(a) Accident, suicide, or homicide (specify) _____		
(b) Date of occurrence _____		
(c) Where did injury occur? (City or town) (County) (State)		
(d) Did injury occur about home, on farm, in industrial place, in a public place? _____ (Specify type of place)		
While at work? _____		
(e) Means of injury _____		
23. Signature <u>W. J. Smith</u> M.D. Address <u>Weldon</u> Date signed <u>6-5-43</u>		

Physician

Underline the cause to which death should be charged statistically.