

JUN 16 1961

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

13720

REGISTRATION DISTRICT NO. 36-64

REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

656

Type or write legibly. Use black ink.

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).

FORM 8

Rev. 1-56

1. PLACE OF DEATH a. COUNTY Gaston		b. TOWNSHIP		c. LENGTH OF STAY (in 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C.		b. COUNTY Gaston			
d. CITY OR TOWN Mt. Holly		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Mt. Holly		Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>			
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 401 Norton Rd.						d. STREET ADDRESS or R. F. D. NO. 401 Norton Rd.					
3. NAME OF DECEASED (Type or Print) Fannie			First Finlayson			Middle Garner			Last		
5. SEX F		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH 9-16-1882		9. AGE (In years last birthday) 78		4. DATE OF DEATH Month 5 Day 27 Year 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Gaston County, N.C.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME James D. Finlayson				14. MOTHER'S MAIDEN NAME Mollie Maxwell				NAME OF HUSBAND OR WIFE James Frank Garner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S NAME AND ADDRESS Mrs. Inez Lanis 401 Norton Rd. Mt. Holly, N.C.			
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).										INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arenia											
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) Fractured Leg Pressure Sores											
DUE TO (c) * You name it, they had it -											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 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				COUNTY				STATE			
21. I attended the deceased from 29 May 61 to 27 May 61 , and last saw her alive on 27 May 61 .											
Death occurred at m on the date stated above; and to the best of my knowledge from the causes stated.											
22a. SIGNATURE A. U. Shroyer M.D.				(Degree or title)				22b. ADDRESS Mt. Holly N.C.			
22c. DATE SIGNED											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 5-28-61				23c. NAME OF CEMETERY OR CREMATORY McGee Cem.			
23d. LOCATION (City, town, or county) Mt. Holly, N.C.				(State)							
24. DATE REC'D BY LOCAL REG. 6-9-61				25. REGISTRAR'S SIGNATURE B. M. Drake. d l				26. FUNERAL DIRECTOR McEWEN FUNERAL SERVICE			
										707 E. Morehead St., Charlotte, N. C.	

THIS COPY FOR STATE BOARD OF HEALTH