

Birth No. 132  
DEC 7 1954  
REGISTRATION DISTRICT NO. 39-00

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

26253

This is a legal record and will be permanently filed.

Type or write legibly.  
Use black ink.

623  
All items must be complete and accurate.  
3

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 a. COUNTY Granville			b. TOWNSHIP Dutchville	c. LENGTH OF STAY (in this place) 3 mos.	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C. b. COUNTY Granville		
d. CITY OR TOWN Creedmoor			Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN Creedmoor	Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rt. 2					d. STREET ADDRESS or R. F. D. NO. Rt. 2		
3. NAME OF DECEASED Beatrice	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Nov. 17, 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Granville County, N. C.			12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Pressley Keith			14. MOTHER'S MAIDEN NAME Fannie Garner Eakes				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S NAME AND ADDRESS Mrs. Dazy Brogden, Rt. 2, Creedmoor, N.C.			
18. CAUSE OF DEATH Enter only one cause per Line for (a), (b), and (c)			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Arteriosclerosis</i>				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			DUE TO (b) <i>Arteriosclerosis</i>				DUE TO (c)
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		(STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 13, 1954, to Nov. 17, 1954, that I last saw the deceased alive on Nov. 17, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.							
23a. SIGNATURE <i>Jesse Thompson</i>			(Degree or title) M.D.	23b. ADDRESS Creedmoor, N. C.			23c. DATE SIGNED 11-18-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 19, 1954	24c. NAME OF CEMETERY OR CREMATORIAL Creedmoor City		24d. LOCATION (City, town, or county) (State) Creedmoor, N. C.		
DATE REC'D BY LOCAL REG. 11/23/54		REGISTRAR'S SIGNATURE <i>Jesse Thompson</i>		25. FUNERAL DIRECTOR G. E. Eakes		ADDRESS Oxford, N. C.	