

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

10145

**REGISTRATION
PROJECT NO.**

PRINTED IN U.S.A.

RECEIVED NO. 134

TYPE, OR PRINT IN
PERMANENT
BLACK INK

5

1

1-6

PARENT

149

CERTIFIED

10

NAME OF DECEASED			DATE OF DEATH (MONTH, DAY, YEAR)		
1. Lonzo Scott Garner			2. March 11, 1975		
SEX	COLOR OR RACE	STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	DATE OF BIRTH	AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
3. Male	4. White	5. North Carolina	6. April 10, 1917	7. 57	
PLACE OF DEATH COUNTY 8a. Halifax			USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE 9a. North Carolina COUNTY 9b. Halifax		
NAME OF HOSPITAL OR INSTITUTION 10c. Halifax Memorial Hospital			INSIDE CITY LIMITS (SPECIFY YES OR NO)	CITY OR TOWN 10d. Roanoke Rapids	INSIDE CITY LIMITS (SPECIFY YES OR NO)
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10b. Married		SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME) 11. Beth Matthews	STREET ADDRESS OR R.F.D. No. 10d. 701 Vance St.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 10e. Yes
CITIZEN OF WHAT COUNTRY? 12. U. S. A.		SOCIAL SECURITY NUMBER 13. 238-07-6606	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Contractor		KIND OF BUSINESS OR INDUSTRY 14b. Building
FATHER'S NAME 15. Joseph T. Garner			MOTHER'S MAIDEN NAME 16. Myrtle Clippard		

17. Mrs. L. S. Garner, 701 Vance St., Roanoke Rapids, N. C. 27870 - Wife										
PART I.	DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	<u>a. IMMEDIATE CAUSE:</u> <i>Acute myocardial infarction</i> <u>b. DUE TO, OR AS A CONSEQUENCE OF:</u> <i>Orthostatic hypotension</i>									
18.	<u>a. DUE TO, OR AS A CONSEQUENCE OF:</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) <i>Seizure activity</i>								AUTOPSY? <small>(YES OR NO)</small>	
									IF YES WERE FINDINGS CONSIDERED IN <small>DETERMINING CAUSE OF DEATH</small>	
19a.									19b.	19c.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			DESCRIBE HOW INJURY OCCURRED ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18							
20a.	20b.									
TIME OF INJURY	MONTH	DAY	YEAR	HOUR	INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	CITY OR R.F.D.	COUNTY	STATE	
20c.					M	20d.	20e.			

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>3-11</u> TO <u>TJ</u>				CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE			
TO <u>3-11</u> AND LAST SAW HIM HER ALIVE ON <u>3-11</u> AT <u>TJ</u> DEATH				EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED			
21. OCCURRED AT <u>8:30 P</u> M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.				22. ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT _____ M. ON _____ TO			
SIGNATURE OF CERTIFIED		DEGREE OR TITLE	DATE SIGNED		ADDRESS		
<u>Hugh C. Marlowe</u>		<u>MD</u>	<u>3-11-71</u>		<u>Monroe Hyde, NC</u>		
23a.							

BURIAL, CREMATION, OTHER (SPECIFY)	DATE	NAME OF CEMETERY OR CREMATORIUM		LOCATION	(CITY, TOWN, OR COUNTY)	STATE
24a. Burial	24b. 3-13-75	24c. Cedarwood Cemetery	24d. Roanoke Rapids, N. C.			
FUNERAL HOME		NAME	ADDRESS	SIGNATURE OF FUNERAL DIRECTOR		LICENSE NO.
25. Branch Funeral Home, Roanoke Rapids, N.				John P. Fogelte		42
DATE RECD BY LOCAL REG.		SIGNATURE OF REGISTRAR		SIGNATURE OF BURIALER		LICENSE NO.
3-13-75		John P. Fogelte		John P. Fogelte		59