

SEP 8 1964

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

42 REGISTRATION DISTRICT NO. 42-80

REGISTRAR'S CERTIFICATE NO.

24866

This is a legal record and will be permanently filed.

1-N
345
2

Type or write legibly.
Use black ink.

All items must be complete and accurate.

THIS COPY FOR STATE BOARD OF HEALTH

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).

Burial - Transit
8-20-64

FORM 8

Rev. 1-68

1-61-50M

1. PLACE OF DEATH a. COUNTY <u>Halifax</u>			b. TOWNSHIP	c. LENGTH OF STAY (in days) <u>10 days</u>	2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>N.C.</u> b. COUNTY <u>Halifax</u>		
			Is Place of Death Within City Limits? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
d. CITY OR TOWN <u>Roanoke Rapids</u>							
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Roanoke Rapids Hospital</u>							
3. NAME OF DECEASED (Type or Print) <u>Minnie Holdford Medlin</u>			First	Middle	Last	4. DATE OF DEATH Month Day Year <u>8 19 64</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-6-97</u>		9. AGE (In years last birthday) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James A Holdford</u>		14. MOTHER'S MAIDEN NAME <u>Blanch Garner</u>		NAME OF HUSBAND OR WIFE <u>Forest C Medlin</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>240-32-7920</u>		17. INFORMANT'S NAME AND ADDRESS <u>McVirginia Hagewood, Weldon N.C.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Canceria c metastases</u> . ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (b) <u>199.2</u>							
20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY		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	
M.							
21. I attended the deceased from <u>March</u> , 19 <u>64</u> , to <u>8-19-64</u> , and last saw her alive on <u>8-19-64</u> . Death occurred at <u>3:15 P.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <u>JB Anderson, M.D.</u>		(Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Roanoke Rapids N.C.</u>		22c. DATE SIGNED <u>8-19-64</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 8-20-64</u>		23b. DATE <u>8-20-64</u>		23c. NAME OF CEMETERY OR CREMATORIAL <u>Cedarwood</u>		23d. LOCATION (City, town, or county) (State) <u>Weldon N.C.</u>	
24. DATE REC'D BY LOCAL REG. <u>August 25, 1964</u>		25. REGISTRAR'S SIGNATURE <u>Robert L Young, Jr.</u>		26. FUNERAL DIRECTOR <u>Leonard Hockaday</u>		ADDRESS <u>Roanoke Rapids N.C.</u>	