

MARGIN RESERVED FOR BINDING

B.V.S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

306

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wake

Registration District No.

Certificate No.

Township House Creek

or Village

City

No.

St. Ward

(If death occurred in a hospital or institution, give its Name instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Lee Garner

Cary N.C. Route # 1

St. Ward

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word) single
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5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Feb 24, 1913

7. AGE Years 26	Months 7	Days 27	If LESS than 1 day. hrs. or min.
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OCCUPATION	8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Halifax County N.C.

13. NAME H.C. Garner

FATHER 14. BIRTHPLACE (city or town)
(State or country) Northampton County

MOTHER 15. MAIDEN NAME Bessie Mingia

MOTHER 16. BIRTHPLACE (city or town)
(State or country) Halifax County N.C.

17. INFORMANT H.C. Garner
(Address) Cary N.C. R #1

18. BURIAL, CREMATION, OR REMOVAL
Place Wake Co. Date Oct. 22, 1939

19. UNDERTAKER Mitchell Funeral Home Inc.
(Address) Raleigh N.C.

20. FILED 10-23-39 Al Bales
asd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Oct 20, 1939, to Oct 21, 1939.

I last saw deceased on Oct 21, 1939, death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hydrocephalus Confused

Contributory causes of importance not related to principal cause:

Name of operation no date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 10-21

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) E. M. Kanel M. D.

(Address) Raleigh N.C.