

JUL 5 1962

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

## CERTIFICATE OF DEATH

18064

REGISTRATION  
DISTRICT NO. 42.80REGISTRAR'S  
CERTIFICATE NO.This is a legal  
record and will be  
permanently filed.

1-N

656

Type or  
write legibly.  
Use black ink.

3

All items must be  
complete and  
accurate.The undertaker, or  
person acting as  
such, is responsi-  
ble for filing the  
completed certifi-  
cate with registrar  
of the district  
where death  
occurred.The physician last  
in attendance is  
required to state  
the cause of death  
and sign the medi-  
cal certification.If there was no  
doctor in attend-  
ance, medical cer-  
tification to be  
completed by local  
Health Officer, (or  
Coroner, if in-  
quest was held).

FORM 8

Rev. 1-56

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Halifax</u>		b. TOWNSHIP <u>Roanoke Rapids</u>		c. LENGTH OF STAY (in 1a) <u>Roanoke Rapids Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N.C.</u>		b. COUNTY <u>Northampton</u>	
d. CITY OR TOWN <u>Roanoke Rapids</u>		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN <u>Gaston</u>		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) <u>Roanoke Rapids Hospital</u>						d. STREET ADDRESS or R. F. D. NO.			
3. NAME OF DECEASED (Type or Print) <u>Betty High Garner</u>						4. DATE OF DEATH <u>June 22 1962</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-28-1871</u>		9. AGE (In years last birthday) <u>91</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		11. BIRTHPLACE (State or foreign country) <u>Northampton County, NC</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Thomas Person High</u>				14. MOTHER'S MAIDEN NAME <u>Elfrida Penneath Moore</u>		NAME OF HUSBAND OR WIFE <u>John Henry Garner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S NAME AND ADDRESS <u>Mrs. W. B. Claxton - Gaston NC</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>Hypertensive Cardiovascular Path</u>									
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Chronic Terminal Broncho-pneumonia</u>									
DUE TO (b) <u>2 yrs</u>									
DUE TO (c) <u>2 weeks</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>442X</u>									
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		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 <u>6/10 1962</u> to <u>6/22 1962</u> , and last saw her alive on <u>6/22 1962</u> . Death occurred at <u>2:55 PM</u> on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE <u>L. J. Taylor M.D.</u> (Degree or title)				22b. ADDRESS <u>Roanoke Rapids NC</u>		22c. DATE SIGNED <u>6/22/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/24-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Shilo Church Cemetery</u>		23d. LOCATION (City, town, or county) <u>Gaston</u>		(State) <u>N.C.</u>	
24. DATE REC'D BY LOCAL REG. <u>6-25-62</u>		25. REGISTRAR'S SIGNATURE <u>Robert Thompson</u>		26. FUNERAL DIRECTOR <u>Branch Funeral Home</u>		ADDRESS <u>Roanoke Rapids NC</u>			