

MARGIN RESERVED FOR BINDING

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.

B. V. S. Form 7

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

County Salisbury Registration District No. 42-60 Certificate No. 11
Township Franklin or Village Franklin
City Franklin St., W.C. Ward 656
(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

(a) Residence: No. Franklin (Usual place of abode) Ward, 656 (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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1932

7. AGE Years 1 Months 6 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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 county) Salisbury Co.

13. NAME A. Z. Garner

14. BIRTHPLACE (city or town) (State or county) Warren Co.

15. MAIDEN NAME Irene Speight

16. BIRTHPLACE (city or town) (State or county) Gates Co.

17. INFORMANT (Address) A. Z. Garner

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Date Nov 10, 1934

19. UNDERTAKER (Address) W. C. Williams

20. FILED Nov 14, 1934 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-7- 1934 to 3-9- 1934

I last saw her alive on 3-8- 1934, death is said to have occurred on the date stated above, at 6:04 a.m.

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

Cerebral Hemorrhage 3-6-34

Contributory causes of importance not related to principal cause: Whooping Cough latter part Jan 1934

Name of operation spinal fluid under pressure date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19no

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

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

If so, specify (Signed) R. P. Beckwith M. D.
(Address) Franklin N.C.