

Dr Wood

APR 7 1959

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

7233

REGISTRATION  
DISTRICT No. 42-00

REGISTRAR'S  
CERTIFICATE NO.

This is a legal  
record and will be  
permanently filed.

Type or  
write legibly.  
Use black ink.  
656  
3

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 medi-  
cal certification.

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <i>Halifax</i>			b. TOWNSHIP	c. LENGTH OF STAY (in 1s) <i>2 mo.</i>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>N. C.</i>		
d. CITY OR TOWN <i>Enfield</i>			Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		b. COUNTY <i>Halifax</i> Is Place of Residence In City Limits? <input type="checkbox"/> NO <input checked="" type="checkbox"/> On a Farm? <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
e. FULL NAME OF HOSPITAL OR INSTITUTION					c. CITY OR TOWN <i>Weldon</i>		
3. NAME OF DECEASED (Type or Print) <i>Nellie Andleton Garner</i>			First	Middle	Last	4. DATE OF DEATH <i>March 11 1959</i>	Month Day Year
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 9 1878</i>		9. AGE (in years last birthday) <i>80</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Halifax Co. N.C. U.S.A.</i>	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Willie Andleton</i>			14. MOTHER'S MAIDEN NAME <i>India Tillman</i>		NAME OF HUSBAND OR WIFE <i>S. J. Garner, Sr.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>331X</i>			16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT'S NAME AND ADDRESS <i>Mrs Alice Graham, Enfield N.C.</i>		
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>—</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>—</i> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <i>3/11 1959</i>		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.) <i>—</i>		20f. CITY OR TOWNSHIP <i>Enfield</i> COUNTY <i>N.C.</i> STATE <i>—</i>	
21. I attended the deceased from <i>3/11 1959</i> to <i>3/11 1959</i> and last saw her alive on <i>3/11 1959</i>							
Death occurred at <i>1184 SP</i> m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <i>S. N. Wood M.D.</i>			(Degree or title)		22b. ADDRESS <i>Enfield N.C.</i>		
22c. DATE SIGNED <i>3/12/59</i>							
23a. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Mar 13 1959</i>		23c. NAME OF CEMETERY OR CREMATORIAL <i>Elmwood</i>		23d. LOCATION (City, town, or county) <i>Enfield</i> (State) <i>N.C.</i>	
24. DATE REC'D BY LOCAL REG. <i>3-16-59</i>		25. REGISTRAR'S SIGNATURE <i>me</i>		26. FUNERAL DIRECTOR <i>Rodiro S. Young</i>		ADDRESS <i>Branch Funeral Home, Enfield</i>	

FORM 8

Rev. 1-58

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