

SEP 6 1973

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

29660

REGISTRATION
DISTRICT NO.

42-80

LOCAL NO.

377

TYPE, OR PRINT IN
PERMANENT
BLACK INK

630

1

DECEASED

1-0

2

STATE BOARD
OF HEALTH
COPY

CAUSE

CERTIFIER

Permit issued

8-15-73

Date

BURIAL

FORM 8
REV. 1-68
1-68-150M

NAME OF DECEASED 1. JACOB WARNER NORWOOD		DATE OF DEATH 2. August 14, 1973	
SEX 3. Male	COLOR OR RACE 4. White	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 5. North Carolina	DATE OF BIRTH 6. Dec. 19, 1887
AGE (IN YEARS LAST BIRTHDAY) 7. 85	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.		
PLACE OF DEATH COUNTY 8a. Halifax	CITY OR TOWN 8b. Roanoke Rapids	STATE 9a. North Carolina	COUNTY 9b. Halifax
NAME OF HOSPITAL OR INSTITUTION 8c. Halifax Memorial Hospital	INSIDE CITY LIMITS (SPECIFY YES OR NO) 8d. Yes	CITY OR TOWN 9c. Roanoke Rapids	INSIDE CITY LIMITS (SPECIFY YES OR NO) 9d. Yes
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Callie Norwood	STREET ADDRESS OR R.F.D. No. 12. 218 Madison Street	INSIDE CITY LIMITS (SPECIFY YES OR NO) 13. Yes
CITIZEN OF WHAT COUNTRY? 12. U.S.A.	SOCIAL SECURITY NUMBER 13. 239-01-3091	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. ---	KIND OF BUSINESS OR INDUSTRY 14b. Textiles
FATHER'S NAME 15. Peter Smith Norwood		MOTHER'S MAIDEN NAME 16. Susan Thomas Garner	
INFORMANT'S NAME AND ADDRESS 17. Mrs. Callie N. Norwood, 218 Madison Street, Roanoke Rapids, N.C.			
PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)	
(a) IMMEDIATE CAUSE 4123 { Arteriosclerotic Heart Disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
(b) DUE TO, OR AS A CONSEQUENCE OF Terminal pneumonia		1 mo.	
(c) DUE TO, OR AS A CONSEQUENCE OF prostatic obstruction			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY? (YES OR NO) 19b. No	
19a. prostatic obstruction		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19c.	
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20c. TIME OF INJURY MONTH DAY YEAR HOUR		20d. INJURY AT WORK (SPECIFY YES OR NO)	
20e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20f. CITY OR R.F.D. COUNTY STATE	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 8/15/73 TO 8/15/73 AND LAST SAW HIM ALIVE ON 8/14/73		CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED: Arteriosclerotic Heart Disease	
21. OCCURRED ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED. SIGNATURE OF CERTIFIER L. J. Taylor, M.D.		22. ABOVE THE DECEASED WAS PROLONGED DEAD AT DATE 8/15/73	
23a. BURIAL, CREMATION, OTHER (SPECIFY) Burial		23b. DATE Aug. 16, 1973	
23c. NAME OF CEMETERY OR CREMATORY Cedarwood Cemetery		23d. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Roanoke Rapids, N.C.	
24a. FUNERAL HOME Wrenn-Ritter, Roanoke Rapids, N.C.		24b. ADDRESS Roanoke Rapids, N.C.	
25. DATE REC'D BY LOCAL REG. 8-23-73		26. SIGNATURE OF REGISTRAR L. J. Taylor, M.D.	
27. SIGNATURE OF EMBASMER (IF EMBASMER) Jacky B. Ritter, S.		28. LICENSE NO. 1255	
29. SIGNATURE OF EMBASMER (IF EMBASMER) Jacky B. Ritter, S.		30. LICENSE NO. 1218	