

JUN 16 1961

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

13720

REGISTRATION
DISTRICT NO. *36-64*REGISTRAR'S
CERTIFICATE NO.

This is a legal record and will be permanently filed.

656

Type or write legibly. Use black ink.

All items must be complete and accurate.

3

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

THIS COPY FOR STATE BOARD OF HEALTH

The physician last in attendance is required to state the cause of death and sign the medical certification.

3

If there was no doctor in attendance, medical certification to be completed by local Health Officer, (or Coroner, if inquest was held).

FORM 8
Rev. 1-56

| | | | | | | | | | | | |
|---|-------------------------------|---|--|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <i>Gaston</i> | | | b. TOWNSHIP | c. LENGTH OF STAY (in days) | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>N. C.</i> | | | b. COUNTY <i>Gaston</i> | | | |
| d. CITY OR TOWN <i>Mt. Holly</i> | | | Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | c. CITY OR TOWN <i>Mt. Holly</i> | | | 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) HOSPITAL OR INSTITUTION <i>401 Norton Rd.</i> | | | d. STREET ADDRESS or R. F. D. NO. <i>401 Norton Rd.</i> | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) <i>Fannie</i> | First | Middle | Last | 4. DATE OF DEATH <i>5 27 61</i> | Month | Day | Year | | | | |
| 5. SEX <i>F</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>9-16-1882</i> | 9. AGE (In years last birthday) <i>78</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>Domestic</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <i>Gaston County, N.C.</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i> | | | | | |
| 13. FATHER'S NAME <i>James D. Finlayson</i> | | 14. MOTHER'S MAIDEN NAME <i>Mollie Maxwell</i> | | NAME OF HUSBAND OR WIFE <i>James Frank Garner</i> | | | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S NAME AND ADDRESS <i>Mrs. Inez Lanis 401 Norton Rd. Mt. Holly, 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>Ceremia</i> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Haircut Leg Pressure Sores</i> DUE TO (c) <i>* You have it, she had it -</i> | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>9049 ✓</i> | | | | | | | | | 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) <i>23 May 61 to 27 May 61</i> | | | | | | | | | |
| 20c. TIME MONTH, DAY, YEAR HOUR OF INJURY <i>M.</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.) | | 20f. CITY OR TOWNSHIP <i>Mt. Holly, N.C.</i> | | COUNTY | STATE | | |
| 21. I attended the deceased from <i>23 May 61</i> to <i>27 May 61</i> , and last saw her alive on <i>27 May 61</i> . | | Death occurred at _____ on the date stated above; and to the best of my knowledge from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <i>A. U. Drayton M.D.</i> | | (Degree or title) | | 22b. ADDRESS <i>Mt. Holly, N.C.</i> | | 22c. DATE SIGNED | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 23b. DATE <i>5-28-61</i> | | 23c. NAME OF CEMETERY OR CREMATORIAL <i>McGee Cem.</i> | | 23d. LOCATION (City, town, or county) (State) <i>Mt. Holly, N.C.</i> | | | | | |
| 24. DATE REC'D BY LOCAL REG. <i>6-9-61</i> | | 25. REGISTRAR'S SIGNATURE <i>B. M. Drake, d.l.</i> | | 26. FUNERAL DIRECTOR <i>McEWEN FUNERAL SERVICE</i> | | | ADDRESS <i>207 E. Morehead St., Charlotte, N.C.</i> | | | | |