

COPY 1
FOR STATE
HEALTH DEPT.

FEB 6 1975

REGISTRATION NO. 66-00

NORTH CAROLINA STATE BOARD OF HEALTH OFFICE OF VITAL STATISTICS - RALEIGH
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3088

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MEDICAL EXAMINER: After you have initiated the Certificate of Death, give copies 1 & 2 to Chief Medical Examiner. If cause of death is pending, file Supplemental Report of Cause of Death (Form VS 8A) when the additional information has been obtained.

FUNERAL DIRECTOR: Take copies 1 & 3 to local or sub-registrar and retain copy 3 as your burial-transit permit. Copy 1 with local or sub-registrar and retain copy 3 as your burial-transit permit.

DECEASED	NAME OF DECEASED		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)				
	1. Wilson		Allen		Garner	2. January 4, 1975				
	SEX	COLOR OR RACE	STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	DATE OF BIRTH	AGE IN YEARS (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS			
	3. Male	4. White	5. North Carolina	6. March 19, 1924	50	MONTHS	DAYS			
	PLACE OF DEATH COUNTY		CITY OR TOWN 8b.	USUAL RESIDENCE (WHERE DECEASED LIVED) STATE		COUNTY				
	Northampton		Gaston	9a. North Carolina		9b. Northampton				
	NAME OF HOSPITAL OR INSTITUTION 8c.		NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Highway # 46, Home	INSIDE CITY LIMITS SPECIFY YES OR NO 8d. No	CITY OR TOWN 9c.	Gaston				
	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.	STREET ADDRESS OR R.F.D. NO. 9d. Highway # 46		INSIDE CITY LIMITS SPECIFY YES OR NO 9e. No				
	CITIZEN OF WHAT COUNTRY? 12. U.S.A.		SOCIAL SECURITY NUMBER 13. 243-20-3981	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Textile		KIND OF BUSINESS OR INDUSTRY 14b. Textile				
	FATHER'S NAME 15. Dennis Garner			MOTHER'S MAIDEN NAME 16. Lottie Allen						
	INFORMANT'S NAME AND ADDRESS 17a. Gene Garner 1332 Pine Dr. Henderson, N.C.					RELATION TO DECEASED 17b. Son				
	CAUSE	PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		(a) IMMEDIATE CAUSE: <i>Suicide gunshot wound to head</i>								
		{ (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:								
	PART II.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (SPECIFY) YES OR NO 20a. <i>No</i>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 20b.				
		19.		20b.		20c.				
	CERTIFIER	ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY) 21a. <i>Suicide</i>		DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II) 21b.						
		TIME OF INJURY	MONTH	DAY	YEAR	HOUR	INJURY AT WORK SPECIFY YES OR NO 21d. <i>No</i>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 21e. <i>Home</i>	CITY OR R.F.D. 21f. <i>Gaston</i>	COUNTY 21g. <i>NORTHAMPTON NC</i>
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD MONTH 22b. <i>Jan.</i> DAY 22c. <i>4</i> YEAR 22d. <i>1975</i> HOUR 22e. <i>10:45 p.m.</i>				DATE SIGNED (MONTH, DAY, YEAR) 22f. <i>JAN 4, 1975</i>				
SIGNATURE 23a. <i>C. K. Hunter, M.D.</i>		ADDRESS 23b. <i>P.O. Box 337 JACKSON NC</i>				MEDICAL EXAMINER OF (SPECIFY COUNTY) 23c. <i>NORTHAMPTON</i>				
BURIAL	BURIAL, CREMATION, OTHER (SPECIFY) 24a. <i>Burial</i>		DATE 24b. <i>1/7/1975</i>		NAME OF CEMETERY OR CREMATORIAL 24c. <i>Elmwood Cemetery</i>		LOCATION (CITY, TOWN, OR COUNTY) 24d. <i>Henderson, N.C.</i>	(STATE)		
	FUNERAL HOME 25. <i>Wrenn Funeral Home Roanoke Rapids</i>		NAME 26. <i>John Alcorn</i>		ADDRESS 26b. <i>100 W. Main Street</i>		SIGNATURE OF FUNERAL DIRECTOR 26c. <i>Charles W. Patterson</i>		LICENSE NO. 26d. <i>1103</i>	
	DATE REC'D BY LOCAL REG. 27. <i>1-8-75</i>		SIGNATURE OF REGISTRAR 28. <i>John Alcorn</i>		SIGNATURE OF EMBALMER (IF EMBALMED) 28b. <i>Charles W. Patterson</i>		SIGNATURE OF EMBALMER (IF EMBALMED) 28c. <i>Charles W. Patterson</i>		LICENSE NO. 28d. <i>1965</i>	