

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.

All items must be
complete and
accurate.

The undertaker, or
person acting as
such, is responsi-
ble for filing the
completed certifi-
cate 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.

If there was no
doctor in attend-
ance, medical cer-
tification to be
completed by local
Health Officer, (or
Coroner, if in-
quest was held).

FORM 8
Rev. 1-56

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Halifax</u>		b. TOWNSHIP	c. LENGTH OF STAY (in 1a) <u>2 mo.</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N.C.</u> b. COUNTY <u>Halifax</u>	
d. CITY OR TOWN <u>Enfield</u>		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN <u>Weldon</u> 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 DECEASED (If not in hospital or institution, give street address or location)				d. STREET ADDRESS or R. F. D. NO. <u>306 Woodland Ave.</u>	
3. NAME OF DECEASED (Type or Print) First <u>Nellie</u> Middle <u>Andleton</u> Last <u>Garner</u>			4. DATE OF DEATH Month <u>March</u> Day <u>11</u> Year <u>59</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 9 1878</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Halifax Co. N.C.</u>	
13. FATHER'S NAME <u>Willie Andleton</u>		14. MOTHER'S MAIDEN NAME <u>India Tillman</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S NAME AND ADDRESS <u>Mrs Alice Graham, Enfield N.C.</u>	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).					
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>					
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>arteriosclerosis</u>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
331X <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 <u>M. 3/11 1959</u>		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.)	
21. I attended the deceased from <u>2/11 1959</u> to <u>3/11 1959</u> and last saw her alive on <u>3/11 1959</u>		Death occurred at <u>11:45 P.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>S. N. Wood</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Enfield N.C.</u>		22c. DATE SIGNED <u>3/10/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar 13 59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	
24. DATE REC'D BY LOCAL REG. <u>3-16-59</u>		25. REGISTRAR'S SIGNATURE <u>Robert H. Sproull</u>		26. FUNERAL DIRECTOR <u>Branch Funeral Home</u> ADDRESS <u>Enfield N.C.</u>	