

MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

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I. PLACE OF DEATH

County BrownstonRegistration District No. 66-04 Certificate No. 1Township Desert Hill

or Village

City

No.

(If death occurred in a hospital or institution, give its Name instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Bidsaw632

(a) Residence: No.

(Usual place of abode)

St. Ward

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) WidowedSa. If married, widowed, or divorced.
HUSBAND of Wesley Bidsaw
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1874

7. AGE

Years 60

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

N.C.

(State or country)

13. NAME Henry Cooper

14. BIRTHPLACE (city or town)

N.C.

(State or country)

15. MAIDEN NAME Mary Garner

16. BIRTHPLACE (city or town)

N.C.

(State or country)

17. INFORMANT Henry Bidsaw

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place BrownstonDate Oct 23, 193419. UNDERTAKER J. R. Wren

(Address)

20. FILED Feb. 9 - 1935

Aubrey Clegg

REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

Oct 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Oct 21, 1934, death is saidto have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Osteomaria ✓ Lebar.Date of onset Oct 18, 1934

Contributory causes of importance not related to principal cause:

Hypertension ✓ Arteriosclerosis

Name of operation _____ date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Charles L. Clegg, M. D.(Address) Seaboard Hotel