NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

85088

1 PLACE OF DEATH Burke Co Registration District No. _____ State _____ Register No. 10

County _____ Township Mitchell or Village _____

City _____ No. _____, _____ St., _____ Ward
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Emma Taylor

(a) Residence. No. _____ St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Female
4 Color or Race White
5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
Husband of
(or) Wife of _____

6 Date of Birth (month, day, and year) _____

7 Age years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) Retired A. H. Ruppe
(c) Name of employer _____

9 Birthplace (city or town) Burke Co
(State or country) NC

10 Name of Father John Taylor

11 Birthplace of Father (city or town) Burke Co
(State or country) NC

12 Maiden Name of Mother Mary Ervin

13 Birthplace of Mother (city or town) Gales Co
(State or country) NC

14 Informant J. W. Sessoms
(Address) Glen NC

15 Filed _____ J. W. Berry, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) May 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1926, to Mch 1st, 1926,

that I last saw her alive on Mch 1st, 1926

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Rheumatism
Enlarged Heart, Chronic
Bronchitis

(duration) _____ yrs. _____ mos. _____ ds.
Contributory Direct cause of heart
(SECONDARY) Heart failure due to
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) J. B. Ruppe , M. D.
, 19 (Address) Burkesville NC

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal Burke Co Date of Burial May 2 19 26

20 Undertaker H. A. Harbison Address _____