

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

I. PLACE OF DEATH

County Bertie Registration District No. 68-03 Certificate No. 20
 Township Mitchell or Village _____ of _____
 City RFD # 4 Shook No. _____ St. _____ Ward _____
 (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 five mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Jake Richard Taylor
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Vaughan Taylor

6. DATE OF BIRTH (month, day, and year) Feb 28 - 1897

7. AGE 68 Years 0 Months 6 Days
 if LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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) Bertie Co N.C.
 (State or country)

13. NAME KINCH TAYLOR

14. BIRTHPLACE (city or town) Bertie Co N.C.
 (State or country)

15. MAIDEN NAME ANN FARMER

16. BIRTHPLACE (city or town) Bertie Co N.C.
 (State or country)

17. INFORMANT Mrs. Jake Taylor
 (Address) Shook N.C.

18. BURIAL, CREMATION, OR REMOVAL
 Place Shook, N.C. Date MAR. 8 1945

19. UNDERTAKER GARRETT'S INC
 (Address) Shook N.C.

20. FILED Aug 1 1945 Mrs. K.P. Jennings
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-6 1945

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1943 to Mar 6 1945

I last saw him alive on Mar 6 1945, death is said to have occurred on the date stated above, at _____ m.

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

Nephritis + uremia + renal paralysis + artery sclerosis

Contributory causes of importance not related to principal cause: _____

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 L. K. Walker

(Signed) L. K. Walker M. D.

(Address) Shook N.C.