

524

## NORTH CAROLINA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County Bertie Registration District No. \_\_\_\_\_ State \_\_\_\_\_ Register No. 8Township Mitchells or Village \_\_\_\_\_ of \_\_\_\_\_

City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2 FULL NAME Secunda 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 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 \_\_\_\_\_

6 Date of birth (month, day, and year) \_\_\_\_\_

7 Age years Months Days If LESS than 1 day, hrs. or min. 69

8 Occupation of deceased

(a) Trade, Profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9 Birthplace (city or town) Bertie Co (State or country) \_\_\_\_\_

10 Name of Father \_\_\_\_\_

11 Birthplace of Father (city or town) B (State or country) \_\_\_\_\_12 Maiden Name of Mother Mary Euse13 Birthplace of Mother (city or town) Grassco (State or country) \_\_\_\_\_14 Informant Albie Taylor (Address) \_\_\_\_\_15 Filed 5/14/1922 J. W. T. Service REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) 5/13 19 22

17

I HEREBY CERTIFY, That I attended deceased from

May 12, 1922, to May 12, 1922that I last saw him alive on \_\_\_\_\_, 1922

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Chronic Nephritis

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY)

\_\_\_\_\_ (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) Paul Mitchell, M.D.. 19 1922 (Address) Albion

\*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

Date of Burial

Bertie Co 5/14 19

20 Undertaker

Address

J. W. T. Service Albion