701192

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 85 REGISTRAR'S CERTIFICATE No. 228 9063

1. PLACE OF DEATH a. COUNTY: Guilford b. TOWNSHIP: Gilmer c. LENGTH OF STAY (In this place): 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: North Car. b. COUNTY: Guilford

3. a. CITY OR TOWN: Greensboro, N. C. Is Place of Death Within City Limits? YES ☑ NO ☐ c. CITY OR TOWN: Greensboro N. C. Is Place of Residence Within City Limits? YES ☐ NO ☐

4. a. FULL NAME OF HOSPITAL OR INSTITUTION: d. STREET ADDRESS or R. F. D. NO.

5. NAME OF DECEASED: b. (Middle): 4. DATE OF DEATH (Month) (Day) (Year): 4 - 13 - 53

6. SEX: Male 7. COLOR OR RACE: Colored 8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 9. DATE OF BIRTH: 3 - 17 - 1890 10. AGE (If under 1 year, give months): 63 If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work, even if retired): Laborer 10b. KIND OF BUSINESS OR INDUSTRY: Heating & Plumb. Co 11. BIRTHPLACE (State or foreign country): Georgia. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Brown

15. WAS DECEASED EVER IN ARMED FORCES? (If yes, give war or dates of service): 16. SOCIAL SECURITY NO.: 17. INFORMANT'S NAME AND ADDRESS: nsboro, N. C.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) cerebrovascular fibrillation — 3 hrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

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19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other place): 21c. CITY, TOWN, OR TOWNSHIP: (COUNTY) (STATE)

22. TIME OF INJURY (Month) (Day) (Year) (Hour): 23a. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 23b. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from ..... to ..... 19..... that I last saw the deceased alive on ..... 19..... and that death occurred at ..... at ..... from the causes and on the date stated above.

24a. SIGNATURE: [illegible] 24b. ADDRESS: [illegible] 24c. DATE SIGNED: [illegible]

25. BURIAL, CREMATION, REMOVAL (Specify): 26. DATE: Burial 4 - 19 - 53 27. NAME OF CEMETERY OR CREMATORY: Maplewood 28. LOCATION (City, town, or county) (State): Greensboro, N. C.

29. DATE FILED BY LOCAL REGISTRAR: 4 - 27 - 53 30. FUNERAL DIRECTOR: Smoot's ADDRESS: 710 S. Ashe St.

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I certify that the photocopy on the reverse side is a true copy of the original record filed in the Vital Records Branch, Division of Health Services, North Carolina Department of Human Resources.

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Date Issued 6-12-75

Jacob Koomen

Deputy State Registrar

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