

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

382

I. PLACE OF DEATH

County Wilson
Township Wilson
City WilsonRegistration District No. 98-50Certificate No. 165

or Village _____ or

No. Carolina - General Hospital 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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Five Points, Wilson St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of L. A. Stancil6. DATE OF BIRTH (month, day, and year) Oct. 30, 18987. AGE Years Months Days If LESS than 1 day, hrs. min.
39 7 13

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

Housewife

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

Own Home

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilson Co.
(State or country) N. C.13. NAME J. T. Renfrow14. BIRTHPLACE (city or town) Wilson Co.
(State or country) N. C.15. MAIDEN NAME Ellie Lamm16. BIRTHPLACE (city or town) Wilson Co.
(State or country) N. C.17. INFORMANT L. A. Stancil
(Address) Five Points, Wilson

18. BURIAL, CREMATION, OR REMOVAL

Place Maplewood Cem. Date 6/14, 193819. UNDERTAKER Hunt Funeral Home
(Address) Wilson, N. C.20. FILED 7-5, 1938 N. C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/13, 1938

22. I HEREBY CERTIFY, That I attended deceased from

2-1-38, 1938, to 6-13, 1938I last saw deceased alive on 6-13-38, 1938, death is said to have occurred on the date stated above, at 11:20 A. M.

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

Carcinoma Cervix

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation None date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? _____ Date of injury _____, 1938

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) W. D. Stancil

M. D.

(Address) Wilson, N. C.

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.