

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

32203

REGISTRATION DISTRICT NO. 11-00

REGISTRAR'S CERTIFICATE NO.

This is a legal record and will be permanently filed.

240
Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, or Coroner, if inquest was held.

FORM 8
Rev. 1-56

1. PLACE OF DEATH a. COUNTY <u>Buncombe</u>		b. TOWNSHIP <u>How Creek</u>		c. LENGTH OF STAY (in la) <u>Small Ym.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N.C.</u>		b. COUNTY <u>Buncombe</u>	
d. CITY OR TOWN <u>Asheville</u>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Asheville</u>		Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) <u>How Creek</u>						d. STREET ADDRESS or R. F. D. NO. <u>Manw Drive</u>			
3. NAME OF DECEASED (Type or Print) First <u>Thomas</u> Middle <u>Elijah</u> Last <u>Begley</u>						4. DATE OF DEATH Month <u>Dec</u> Day <u>21</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR, OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 18, 1903</u>		9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N.C. District Forest Ranger</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Kentucky</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Begley</u>				14. MOTHER'S MAIDEN NAME <u>Not Known</u>		NAME OF HUSBAND OR WIFE <u>Robbie Johnson Begley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S NAME AND ADDRESS <u>Mrs. T. E. Begley</u> <u>Manw Drive - Asheville N.C.</u>			
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).								INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>								Sudden	
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Overexertion fighting forest fire</u>									
DUE TO (c) <u>Benign hypertension</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>420</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)					
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY M. <u> </u>				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP COUNTY STATE	
21. I attended the deceased from <u>Never</u> , 19 <u> </u> , to <u> </u> , 19 <u> </u> , and last saw <u>her</u> alive on <u> </u> , 19 <u> </u> .									
Death occurred at <u>1:15 P.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE <u>George D. Coroner</u>				22b. ADDRESS <u>Asheville, N.C.</u>				22c. DATE SIGNED <u>12/23/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 23, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>West Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Weaverdale N.C.</u>			
24. DATE REC'D BY LOCAL REG. <u>12-23-58</u>				25. REGISTRAR'S SIGNATURE <u>H. W. Sternsma R.M.</u>		26. FUNERAL DIRECTOR ADDRESS <u>West Funeral Home - Weaverdale N.C.</u>			

THIS COPY FOR STATE BOARD OF HEALTH