

This is a legal record and will be permanently filed.

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 request was held).

THIS COPY FOR STATE BOARD OF HEALTH

Birth No. 132

JUN 6 1951 1670

REGISTRATION DISTRICT NO. 16-11

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10355

1. PLACE OF DEATH a. COUNTY Carteret			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE N. C. COUNTY Carteret		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Newport Township)		c. LENGTH OF STAY (in this place) 1 hr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morehead City		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Highway-Newport Twnshp.			d. STREET ADDRESS (If rural, give location) 1413 Evans St.		
3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Jenkins c. (Last) Bell			4. DATE OF DEATH (Month) (Day) (Year) May 1, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1896	9. AGE (In years last birthday) 54 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Firefighter-Engineer		10b. KIND OF BUSINESS OR INDUSTRY Municipality		11. BIRTHPLACE (State or foreign country) N. C.	
13. FATHER'S NAME Ulysses S. Grant Bell			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I			14. MOTHER'S MAIDEN NAME Evalina Howland		16. SOCIAL SECURITY NO. [REDACTED]
17. INFORMANT'S NAME AND ADDRESS Frank Swindell-Morehead City, N.C.			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 8230		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head and chest injuries			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Instant		
ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____			*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			19a. DATE OF OPERATION		
19b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY			29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Newport Township, Carteret, N. C.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 1, 1951, 3:15		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck ran off roadway Fire Truck Accident-Test Run.	
22. I hereby certify that I attended the deceased from 5-1-1951 to 5-1-1951 , that I last saw the deceased alive on May 1, 1951 , and that death occurred at 3:15 PM , from the causes and on the date stated above.					
23a. SIGNATURE L. D. Springs			23b. ADDRESS (Do not give title) Beaufort N. C.		23c. DATE SIGNED 5-5-1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Bay View Cemetery	
24d. LOCATION (City, town, or county) (State) Morehead City, N.C.		25. FUNERAL DIRECTOR'S ADDRESS		25. FUNERAL DIRECTOR'S ADDRESS	
DATE RECD BY LOCAL REG. May 3, 1951		REGISTRAR'S SIGNATURE Elizabeth Belle Garner		25. FUNERAL DIRECTOR'S ADDRESS	