

STANDARD CERTIFICATE OF DEATH

168

328

1. PLACE OF DEATH

County Mecklenburg Registration District No. 60-95 Certificate No. 328
Township _____ or Village _____ of _____
City Charlotte No. Sh. Peters 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 Fruitt L. Black H 30

(a) Residence: No. 1112 Clement Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Pansy Fortner Black</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb. 26 1905</u>		
7. AGE Years <u>29</u> Months <u>1</u> Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>80.93</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10th 1934
22. I HEREBY CERTIFY, THAT I attended deceased from April 1st 1934 to April 10th 1934
I first saw him alive on April 1st 1934 death is said to have occurred on the date stated above, at 10:45 AM

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

Fractured skull Date of onset 4/1/34
cause by fall on
concrete floor as
he attempted to climb
down the pole from
fireman's quarters
Contributory causes of importance not related to principal cause:
14 feet

Name of operation none date of _____

What test confirmed diagnosis? clinical work (there are autopsy)

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

Accident, suicide, or homicide? accidental injury 4/1/34

Where did injury occur? # 4 fire station
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

fire station

Manner of injury Fall through 2nd to 4th

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Daily duty as fireman

(Signed) C. J. Warner M. D.

(Address) Charlotte N.C.

REGISTRAR

Dr. Warner

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.

MOTHER FATHER OCCUPATION

12. BIRTHPLACE (city or town) North Carolina
(State or country)

13. NAME Robert R. Black

14. BIRTHPLACE (city or town) North Carolina
(State or country)

15. MAIDEN NAME Clauda Wallace

16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT Mrs P. L. Black
(Address) Charlotte, N. C.

18. BURIAL, CREMATION, OR REMOVAL
Place buried Date April 3rd 1934

19. UNDERTAKER Douglas & Sing
(Address) Charlotte, N. C.

20. FILED H. G. Walker
H. G. Walker REGISTRAR