

FEB 6 1963

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

624

REGISTRATION DISTRICT NO. 25-80 REGISTRAR'S CERTIFICATE NO. 3

This is a legal record and will be permanently filed.

1-K
Type or write legibly. Use black ink.
632
1

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).

1. PLACE OF DEATH a. COUNTY <u>Craven</u>		b. TOWNSHIP # <u>8</u>		c. LENGTH OF STAY (in 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N.C.</u> b. COUNTY <u>Craven</u>				
d. CITY OR TOWN <u>New Bern</u>		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN <u>New Bern</u>		Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input 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) HOSPITAL OR INSTITUTION <u>Craven County Hospital</u>						d. STREET ADDRESS or R. F. D. NO. <u>1410 Park Ave.</u>				
3. NAME OF DECEASED (Type or Print) First <u>Robert</u> Middle <u>Glenn</u> Last <u>Broadstreet Jr.</u>			4. DATE OF DEATH Month <u>1</u> Day <u>5</u> Year <u>63</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>6/17/27</u>		9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>5</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Bern, N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Robert Glenn Broadstreet</u>		14. MOTHER'S MAIDEN NAME <u>Sula Idell Taylor</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>242-32-1844</u>		17. INFORMANT'S NAME AND ADDRESS <u>Robert G. Broadstreet, 1410 Park</u>		18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Convulsion</u> ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe Brain Injury</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>962X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr.</u> <u>Several yrs. ago</u>		
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 OF INJURY MONTH, DAY, YEAR HOUR M. <u>4:45P</u>		20d. INJURY OCCURRED WHILE AT 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 <u>New Bern</u>		20g. COUNTY <u>Craven</u>		20h. STATE <u>N.C.</u>
21. I attended the deceased from <u>1-5-63</u> to <u>1-5-63</u> and last saw <u>him</u> alive on <u>1-5-63</u> Death occurred at <u>4:45P</u> m on the date stated above; and to the best of my knowledge from the causes stated:										
22a. SIGNATURE <u>Living R. Stockton</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>PO 1028 New Bern, NC</u>			22c. DATE SIGNED <u>1-7-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/7/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Bern Memorial Cem.</u>		23d. LOCATION (City, town, or county) <u>New Bern</u>		23e. (State) <u>N.C.</u>		
24. DATE REC'D BY LOCAL REG. <u>1/7/63</u>		25. REGISTRAR'S SIGNATURE <u>W. A. Browne MD (per MD)</u>			26. FUNERAL DIRECTOR <u>Pollock</u>		ADDRESS <u>New Bern, N.C.</u>			

THIS COPY FOR STATE BOARD OF HEALTH

FORM 8
Rev. 1-55

1-61-50M