

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

356

1. PLACE OF DEATH

County Granville Registration District No. 39-60 Certificate No. 9
 Township Oxford or Village _____
 City Oxford No. _____ 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

William Manor Burwell 1940
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jemima L Burwell

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 50 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Art faces packer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 28.00 out. 4-24-35
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Goaunits Co
 (State or country) NC

13. NAME Dary Burwell

14. BIRTHPLACE (city or town) Granville Co
 (State or country) NC

15. MAIDEN NAME Dary Burwell

16. BIRTHPLACE (city or town) Granville Co
 (State or country) NC

17. INFORMANT Jemima L Burwell
 (Address) Oxford NC

18. BURIAL, CREMATION, OR REMOVAL
 Place Hornbury Ave 3/17 1935

19. UNDERTAKER John Wood
 (Address) Oxford NC

20. FILED 3-16 1935 W M Curran
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/14 1935 to 3/15/35
 I last saw him alive on 3/15/35 death is said to have occurred on the date stated above, at _____ m.

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

Txemia & Exhaustion
 (210)

Contributory causes of importance not related to principal cause:

Concussion of Brain (possible fracture) from fall from automobile.

Name of operation _____ date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

Accident, suicide, or homicide? _____ Date of injury _____ 1935

Where did injury occur? Place of death

(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 M Curran M. D.

(Address) _____

MARGIN RESERVED FOR BINDING

4. 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.