

AUG 8 1956

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

17026

REGISTRATION DISTRICT NO. 26-90 REGISTRAR'S CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY Cumberland			b. TOWNSHIP Cross Creek		c. LENGTH OF STAY (in la) 511 Minor Street		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C.			b. COUNTY Cumberland							
d. CITY OR TOWN Fayetteville			Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. CITY OR TOWN Fayetteville			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 type="checkbox"/>								
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Morganton Road						d. STREET ADDRESS or R. F. D. NO. 511 Minor Street											
3. NAME OF DECEASED (Type or Print) First William			Middle Isiah			Last Capps			4. DATE OF DEATH Month July			Day 18th,			Year 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-28-26		9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months 2		Days 20		IF UNDER 24 HRS. Hours 		Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman				10b. KIND OF BUSINESS OR INDUSTRY Fayetteville Fire Dept.				11. BIRTHPLACE (State or foreign country) North Carolina				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Rev. Willie H. Capps				14. MOTHER'S MAIDEN NAME Sophronia Creech				NAME OF HUSBAND OR WIFE Nita Hudson Capps									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. [REDACTED]				17. INFORMANT'S NAME AND ADDRESS Mr. E. F. Capps - Parkersburg, N.C. Rt. 1									
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unavoidable electrocution ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Accidental contact with high voltage wire DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9145 ✓												INTERVAL BETWEEN ONSET AND DEATH					
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR 7/18/56 6:34PM				20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Morganton Road				20f. CITY OR TOWNSHIP COUNTY STATE Fayetteville, N. C.					
21. I attended the deceased from _____, 19____ to _____, 19____, and last saw ^{her} _{him} alive on _____, 19____. Death occurred at 6:34P on the date stated above; and to the best of my knowledge from the causes stated.																	
22a. SIGNATURE Alph L. L. L. Corcoran						22b. ADDRESS Fayetteville, N.C.						22c. DATE SIGNED 7-23-56					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 7-20-56		23c. NAME OF CEMETERY OR CREMATORY Melvin Family Cemetery				23d. LOCATION (City, town, or county) (State) Parkersburg, R.F.D.1 N.C.							
24. DATE REC'D BY LOCAL REG. 7-25-56				25. REGISTRAR'S SIGNATURE M. J. F. [Signature]				26. FUNERAL DIRECTOR Butler Funeral Home				ADDRESS Roseboro, N.C.					

This is a legal record and will be permanently filed.

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Type or write legibly. Use black ink.

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All items must be complete and accurate.

THIS COPY FOR STATE BOARD OF HEALTH

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