

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Registration District No. 29-220
County Davidson State NC Register No. 1
Township Luxington or Village _____ or
City Luxington No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
2 FULL NAME D. C. Cape (Daniel C.)
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex male 4 Color or Race white 5 Single, Married, Widowed, or Divorced married
5a If married, widowed, or divorced Husband of (or) Wife of _____
6 Date of Birth (month, day, and year) Feb 6 - 1878
7 Age years Months Days If LESS than 1 day, hrs. or min. 49 10 24
8 Occupation of deceased (a) Trade, Profession, or particular kind of work Sevite
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____
9 Birthplace (city or town) (State or country) Davidson
10 Name of Father Daniel Cape
11 Birthplace of Father (city or town) (State or country) Davidson
12 Maiden Name of Mother Emeline Michal
13 Birthplace of Mother (city or town) (State or country) Douglas
14 Informant Mrs Edy Cape
(Address) Luxington NC
15 Filled 2/4 1926 Margaret Green
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) 1 1 1926
17

I HEREBY CERTIFY, That I attended deceased from 1-1, 1926 to 1-1, 1926 that I last saw her alive on 1-1, 1926 and that death occurred, on the date stated above, at Luxington

The CAUSE OF DEATH* was as follows:
Fracture Skull
Thrown from fire truck while
on duty. Truck turned
over up street after striking
car on st.
(duration) st yrs. mos. ds.

18 Where was disease contracted If not at place of death? yes
Did an operation precede death? no Date of _____
Was there an autopsy? yes
What test confirmed diagnosis? Phys. Exam
(Signed) [Signature] M. D.
1-16-26 Address Luxington NC

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal Shilo Date of Burial 1-3-1926
20 Undertaker [Signature] Address Luxington NC

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.