

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of 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.

B.V.S.—Form 7

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

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1 PLACE OF DEATH Craven Co Registration District No. 25718 State N.C. Register No. 98  
 County 8th Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City New Bern No. 118 N Pasture St. 5 Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 2 FULL NAME Garland S. Eastwood 232  
 (a) Residence No. 118 N Pasture St. 5 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 25 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word) Divorced  
 5a If married, widowed, or divorced Husband of \_\_\_\_\_ (or) Wife of \_\_\_\_\_  
 6 Date of birth (month, day, and year) June 13 1892  
 7 Age years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
29 11 18  
 8 Occupation of deceased  
 (a) Trade, Profession, or particular kind of work City Fire Dept  
 (b) General nature of industry, business, or establishment in which employed (or employer) Lineman  
 (c) Name of employer \_\_\_\_\_  
 9 Birthplace (city or town) (State or country) Hyde Co N.C.  
 10 Name of Father John Eastwood  
 11 Birthplace of Father (city or town) (State or country) Hyde Co N.C.  
 12 Maiden Name of Mother Mary E. Biggs  
 13 Birthplace of Mother (city or town) (State or country) Hyde Co N.C.  
 14 Informant Rufus Eastwood (Address) Norfolk Va  
 15 Filed 6/25-22 1922 R.H. Harris REGISTRAR

16 Date of Death (month, day, and year) 6-1 1922  
 17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1922, to June 1, 1922 that I last saw him alive on June 1, 1922 and that death occurred, on the date stated above, at 4 pm m.  
 The CAUSE OF DEATH\* was as follows: Pulmonary tuberculosis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) (31)  
 18 Where was disease contracted if not at place of death? \_\_\_\_\_  
 Did an operation precede death? No Date of \_\_\_\_\_  
 Was there an autopsy? No  
 What test confirmed diagnosis? Sputum Examination  
 (Signed) H.B. Swadsworth, M.D.  
6/25, 1922 (Address) 97 Broad St. New Bern, N.C.  
 \*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 Cedar Grove Cem. New Bern N.C. Date of Burial June 2 1922  
 20 Undertaker Joe H. Willis & Co Address New Bern N.C.