

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

449

## STANDARD CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Craven Registration District No. 25 2180 Certificate No. 133  
 Township 8th or Village \_\_\_\_\_ er  
 City New Bern. N. C. No. Neuse River. 1st 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 Edgar. B. Elliott, Jr.

(a) Residence: No. 24 George St. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) May 22nd 1904.

7. AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
27 0 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Bern Candy Co.

10. Date deceased last worked at this occupation (month and year) June 10th 1931. 11. Total time (years) spent in this occupation 2Yrs.

12. BIRTHPLACE (city or town) Pollockville. N. C.  
 (State or country)

13. NAME Edgar. B. Elliott, Sr.

14. BIRTHPLACE (city or town) Jones Co. N. C.  
 (State or country)

15. MAIDEN NAME Lucy Harper.

16. BIRTHPLACE (city or town) Jones Co. N. C.  
 (State or country)

17. INFORMANT J. S. Elliott.  
 (Address) Greenville, N. C.

18. BURIAL, CREMATION, OR REMOVAL Place New Bern. N. C. Date June 12/31.

19. UNDERTAKER D. G. Smaw.  
 (Address) New Bern. N. C.

20. FILED 6-18, 1931 W. H. H. H. H.  
 REGISTRAR.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10th 1931

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1931, to June 11, 1931  
 I last saw him live on Nov 1st 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: \_\_\_\_\_

Drowning Date of onset 6-10-31

Contributory causes of importance not related to principal cause: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Signs Was there an autopsy? No

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

Accident, suicide, or homicide Accident Date of injury 6-10-31

Where did injury occur? New Bern. N. C.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In Public place, deceased was a

Manner of injury Volunteer fireman who

Nature of injury died trying to rescue persons

from a burning boat.

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify: See above

(Signed) J. R. Hartman M. D.

(Address) New Bern. N. C.

N. 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.