

DEC 8 1970

 NORTH CAROLINA STATE BOARD OF HEALTH  
 OFFICE OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

38583

 REGISTRATION DISTRICT NO. 41-96 LOCAL NO. \_\_\_\_\_

 TYPE, OR PRINT IN  
 PERMANENT  
 BLACK INK

NAME OF DECEASED FIRST MIDDLE LAST <u>Roy Elliott Gay</u>			DATE OF DEATH (MONTH, DAY, YEAR) <u>2 November 1, 1970</u>		
1. SEX <u>Male</u>	2. COLOR OR RACE <u>White</u>	3. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>North Carolina</u>	4. DATE OF BIRTH <u>6 Apr. 14, 1930</u>	5. AGE IN YEARS (LAST BIRTHDAY) <u>40</u>	6. IF UNDER 1 YEAR MONTHS _____ DAYS _____ HOURS _____ MIN. _____
7. PLACE OF DEATH COUNTY <u>Guilford</u>		8. CITY OR TOWN <u>High Point</u>	9. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE COUNTY <u>North Carolina Guilford</u>		
10. NAME OF HOSPITAL OR INSTITUTION <u>DOA High Point Mem. Hosp.</u>		11. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>	12. CITY OR TOWN <u>High Point</u>		13. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>
14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		15. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>Betty Brewer</u>		16. STREET ADDRESS OR R.F.D. No. <u>116 Pine Valley</u>	
17. CITIZEN OF WHAT COUNTRY? <u>USA</u>		18. SOCIAL SECURITY NUMBER [REDACTED]		19. KIND OF BUSINESS OR INDUSTRY <u>High Point Fire Department</u>	
20. FATHER'S NAME <u>Elliott Ruben Gay</u>			21. MOTHER'S MAIDEN NAME <u>Pattie Bradley</u>		
22. INFORMANT'S NAME AND ADDRESS <u>Mrs. Betty Gay - 116 Pine Valley - High Point, N. C.</u>					

15. FATHER'S NAME <u>Elliott Ruben Gay</u>		16. MOTHER'S MAIDEN NAME <u>Pattie Bradley</u>	
17. INFORMANT'S NAME AND ADDRESS <u>Mrs. Betty Gay - 116 Pine Valley - High Point, N. C.</u>			

PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) IMMEDIATE CAUSE		<u>Burned in fire</u>		<u>10-20 min</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF		<u>Fireman - fighting fire.</u>			
(c) DUE TO, OR AS A CONSEQUENCE OF					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY? (YES OR NO) <u>No</u>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <u>---</u>	
--	--	--	-----------------------------------	--	---	--

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <u>Accident</u>		DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <u>He was fighting a retail store fire + was trapped</u>			
20a. TIME OF INJURY <u>8:30 P.M.</u>		20b. INJURY AT WORK (SPECIFY YES OR NO) <u>Yes</u>		20c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)) <u>Furniture Co.</u>	
20d. DATE OF INJURY <u>11-1-70</u>		20e. TIME OF INJURY <u>9:30 P.M.</u>		20f. CITY OR R.F.D. COUNTY STATE <u>High Point, N.C.</u>	

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ TO _____			CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE		
20. AND LAST SAW HIM HER ALIVE ON _____ TO _____ DEATH			EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE, CAUSE(S) STATED		

21. OCCURRED AT _____ M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED			22. ABOVE THE DECEASED WAS PROHOUNCED DEAD AT <u>9:30 P.M.</u> ON <u>11/1/70</u>		
--	--	--	--	--	--

SIGNATURE OF CERTIFIER <u>Carlton B. Arnold, M.D.</u>		DEGREE OR TITLE <u>M.D.</u>		DATE SIGNED <u>11/5/70</u>		ADDRESS <u>624 Duplex Lane High Point, N.C.</u>	
--	--	--------------------------------	--	-------------------------------	--	--	--

23. BURIAL, CREMATION, OTHER (SPECIFY) <u>Burial</u>		DATE <u>11-3-70</u>		NAME OF CEMETERY OR CREMATORY <u>Floral Garden Park</u>		LOCATION (CITY, TOWN, OR COUNTY) STATE <u>High Point, N. C.</u>	
---	--	------------------------	--	--	--	--	--

24. FUNERAL HOME <u>Sechrest</u>		NAME <u>High Point, N.C.</u>		ADDRESS <u>High Point, N.C.</u>		SIGNATURE OF FUNERAL DIRECTOR <u>Edgar O. Johnson</u>		LICENSE NO. <u>524</u>	
-------------------------------------	--	---------------------------------	--	------------------------------------	--	--	--	---------------------------	--

25. DATE RECD BY LOCAL REG. <u>11-6-70</u>		SIGNATURE OF REGISTRAR <u>Frank J. Morris, MD</u>		DATE <u>11/6/70</u>		SIGNATURE OF EMBALMER <u>R. H. Debit</u>		LICENSE NO. <u>197</u>	
---	--	--	--	------------------------	--	---	--	---------------------------	--

 STATE BOARD OF HEALTH  
 COPY

CAUSE

CERTIFIER

Patient issued

 FORM 8  
 REV. 1-68  
 1-68-1504