NOV 6 1956

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 34-95 REGISTRAR'S CERTIFICATE NO. 1137

25315

This is a legal record and will be permanently filed.

163

Type or write legibly. Use black ink.

2

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

1. PLACE OF DEATH
a. COUNTY: Forsyth
b. TOWNSHIP: Winston
c. LENGTH OF STAY (in 1a):
d. CITY OR TOWN: Winston-Salem
Is Place of Death Within City Limits? YES [X] NO [ ]
e. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): En Route to City Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: N. C.
b. COUNTY: Forsyth
c. CITY OR TOWN: Winston-Salem
Is Place of Residence: In City Limits? YES [X] NO [ ] On a Farm? YES [ ] NO [X]
d. STREET ADDRESS or R. F. D. NO.: 212 North Broad Street

3. NAME OF DECEASED (Type or Print): First: JOHN Middle: BRYANT Last: GOFORTH

4. DATE OF DEATH: Month: Oct. Day: 29 Year: 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]
8. DATE OF BIRTH: May 12, 1893
9. AGE (In years last birthday): 63
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't Fire Chief
10b. KIND OF BUSINESS OR INDUSTRY: City Fire Department
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James C. Goforth
14. MOTHER'S MAIDEN NAME: Angeline Privette
NAME OF HUSBAND OR WIFE: Nancy Willard Goforth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S NAME AND ADDRESS: Mrs. J. B. Goforth, Winston-Salem, N. C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Thrombosis

ANTECEDENT CAUSES—*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.*

DUE TO (b): athero-sclerosis

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a): 4201 ✓

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY MONTH, DAY, YEAR HOUR M.
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY OR TOWNSHIP COUNTY STATE

21. *I attended the deceased from* Called as Coroner after death *last saw him alive on* ....., 19.....
Death occurred at 5:40 p *m on the date stated above; and to the best of my knowledge from the causes stated.*

22a. SIGNATURE (Degree or title): V. M. Long Coroner
22b. ADDRESS: Winston Salem
22c. DATE SIGNED: 10-31-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-31-56
23c. NAME OF CEMETERY OR CREMATORY: Woodland Cemetery
23d. LOCATION (City, town, or county) (State): Forsyth County, North Carolina

24. DATE REC'D BY LOCAL REG.: 11-5-56
25. REGISTRAR'S SIGNATURE: Fred S. [illegible]
26. FUNERAL DIRECTOR ADDRESS: Frank Vogler & Sons, Winston-Salem, N. C.