

FEB 10 1970

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

1244

REGISTRATION DISTRICT NO. 33:98 LOCAL NO.

TYPE OR PRINT IN
PERMANENT
BLACK INK

NAME OF DECEASED Spencer Vann Griffin		DATE OF DEATH 2 January 6, 1970	
1. SEX M	2. COLOR OR RACE Cau	3. STATE OF BIRTH IF NOT IN U.S.A. NAME COUNTY North Carolina	4. DATE OF BIRTH March 27, 1938
5. PLACE OF DEATH COUNTY Edgecombe		CITY OR TOWN Rocky Mount	STATE North Carolina
6. NAME OF HOSPITAL OR INSTITUTION Cokey Road & Marigold St.		CITY OR TOWN Rocky Mount	7. AGE IN YEARS LAST BIRTHDAY MONTHS DAYS HOURS MIN. 7 31
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		9. SURVIVING SPOUSE IF WIFE GIVE MARRIAGE NAME Rechelle Webb	10. STREET ADDRESS OR R.F.D. NO. 1908 Vernon Road
11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. SOCIAL SECURITY NUMBER [REDACTED]	13. USUAL OCCUPATION KIND OF WORK DONE DURING MOST OF WORKING LIFE YES OR NO? Fireman
14. FATHER'S NAME Willie Griffin		15. MOTHER'S MAIDEN NAME Kisia Sykes	
16. INFORMANT'S NAME AND ADDRESS Rechelle W. Griffin: Rocky Mount, N.C.			

DECLARED

PARENTS

STATE BOARD
OF HEALTH
COPY

CAUSE

CERTIFIER

PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR NO. 1-10		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
1. IMMEDIATE CAUSE Probable cause: Cerebral hemorrhage and multiple Body injuries.					
2. CONDITIONAL, IF ANY, SINCE GIVE RISE TO IMMEDIATE CAUSAL, STATING THE UNDERLYING CAUSE LAST		3. DUE TO, OR AS A CONSEQUENCE OF			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I		17a. AUTOPSY? YES OR NO?		17b. YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?	
18. ACCIDENT, SUICIDE, HOMICIDE, OR UNDERMANNED (SPECIFY)		19. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a. Accident		Driving a fire truck answering a fire call when truck collided with a Carolina Overland Truck.			
20b. TIME OF INJURY 1/7/70 1:46 PM		20c. PLACE OF INJURY AT HOME, IN TRUCK, FACTORY, CITY OR R.F.D. Corner of Cokey Rd and Marigold Street Rocky Mount, Edgecombe N.C.		20d. COUNTY STATE	
21. CERTIFICATION-PHYSICIAN: I ATTENDED THE DECEASED FROM _____ TO _____		22. CERTIFICATION-MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE, CAUSED BY: STATED ABOVE			
23a. SIGNATURE OF CERTIFIER [Signature]		23b. DEGREE OR TITLE Medical Examiner		23c. DATE SIGNED 1/8/70	
24a. BURIAL, CREMATORY, OTHER (SPECIFY) Burial		24b. DATE 1/8/70		24c. NAME OF CEMETERY OR CREMATORY Peachtree Church	
24d. FUNERAL HOME Gay Yost		24e. ADDRESS Rocky Mount, N.C.		24f. LOCATION (CITY, TOWN, OR COUNTY) STATE Spring Hope N.C.	
25. DATE REC'D BY LOCAL REG. 1-12-70		26. SIGNATURE OF REGISTRAR J. S. Chambliss		27. SIGNATURE OF EXAMINER (UNCHECKED) [Signature]	
28. LICENSE NO. 2092		29. LICENSE NO. 47			

FORM 8
REV. 1-68
1-68-120A