

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

46036

REGISTRATION DISTRICT NO. 74-90 LOCAL NO. _____

TYPE, OR PRINT IN PERMANENT BLACK INK

1. NAME OF DECEASED FIRST MIDDLE LAST <u>Amos Woodrow Harrell</u>				2. DATE OF DEATH (MONTH, DAY, YEAR) <u>December 8, 1972</u>				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>North Carolina</u>	6. DATE OF BIRTH <u>Jan. 1, 1926</u>	7. AGE (IN YEARS LAST BIRTHDAY) <u>46</u>	IF UNDER 1 YEAR MONTHS <u>46</u>	IF UNDER 24 HOURS DAYS <u>46</u>	IF UNDER 24 HOURS HOURS <u>46</u>	IF UNDER 24 HOURS MIN. <u>46</u>
8a. PLACE OF DEATH COUNTY <u>Pitt</u>			8b. CITY OR TOWN <u>Greenville</u>		9a. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE <u>North Carolina</u>			9b. COUNTY <u>Pitt</u>
8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>Pitt Mem. Hospital</u>			8d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>	9c. CITY OR TOWN <u>Greenville</u>		9d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>		
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>Mavis Harrington</u>		12. STREET ADDRESS OR R.F.D. No. <u>211 N. Eastern Street</u>			13. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Fireman</u>		14b. KIND OF BUSINESS OR INDUSTRY <u>City Fireman</u>		
15. FATHER'S NAME <u>William Benjamin Harrell</u>				16. MOTHER'S MAIDEN NAME <u>Essie Rogerister</u>				

DECEASED

PARENTS

17. INFORMANT'S NAME AND ADDRESS
Mrs. Amos W. Harrell, 211 N. Eastern St., Greenville, N. C. 27834

STATE BOARD OF HEALTH COPY

18. 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>Subarachnoid Hemorrhage</u>				<u>4-5 hr.</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					

CAUSE

19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				19b. AUTOPSY? (YES OR NO) <u>No</u>		19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
20c. TIME OF INJURY MONTH DAY YEAR HOUR <u>12-11-72</u>		20d. INJURY AT WORK (SPECIFY YES OR NO)	20e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20f. CITY OR R.F.D.	COUNTY	STATE	

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>Dec 7 1972</u>				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 CAUSE(S) STATED			
23. SIGNATURE OF CERTIFIER <u>Jan K. Koutz M.D.</u>				24. DEGREE OR TITLE <u>M.D.</u>		25. DATE SIGNED <u>12-11-72</u>	
26. ADDRESS <u>Greenville N.C.</u>							

BURIAL

27. BURIAL, CREMATION, OTHER (SPECIFY) <u>Burial</u>		28. DATE <u>12/10/72</u>		29. NAME OF CEMETERY OR CREMATORY <u>Pinewood Mem. Park</u>		30. LOCATION (CITY, TOWN, OR COUNTY) STATE <u>Greenville, N. C.</u>	
31. FUNERAL HOME NAME ADDRESS <u>S.G. Wilkerson & Sons, Greenville, N.C.</u>				32. SIGNATURE OF FUNERAL DIRECTOR <u>Stanford E. Shelpe</u>		33. LICENSE NO. <u>2189</u>	
34. DATE REC'D BY LOCAL REG. <u>DEC 11 1972</u>		35. SIGNATURE OF REGISTRAR <u>[Signature]</u>		36. SIGNATURE OF EMBALMER <u>[Signature]</u>		37. LICENSE NO. <u>1206</u>	