

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH 291

1. PLACE OF DEATH

County GuilfordRegistration District No. (41-90)Certificate No. 214

Township _____

or Village _____

City High Point, N.C. No. _____

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 Oscar Monroe Hayworth(a) Residence: No. No. 2, Fire Station
(Usual place of abode)St. _____ Ward _____
(If non-resident 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) Married

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Gladys Marsh Hayworth6. DATE OF BIRTH (month, day, and year) June 7, 18927. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
44 1 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 7X-139. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supt Fire Boxes10. Date deceased last worked at this occupation (month and year) July 29, 36 11. Total time (years) spent in this occupation 20 yrs12. BIRTHPLACE (city or town) (State or country) Randolph County, NC13. NAME Geo. W. Hayworth14. BIRTHPLACE (city or town) (State or country) NC15. MAIDEN NAME Dora Taylor16. BIRTHPLACE (city or town) (State or country) NC17. INFORMANT Mrs. O. M. Hayworth
(Address) Archdale, N.C.18. BURIAL, CREMATION, OR REMOVAL Place Oakwood Mem Date 7/30/3819. UNDERTAKER Yow's Funeral Home
(Address) High Point, N.C.20. FILED [Signature] RegistrarHIGH POINT, N. C. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/29/36 .19

22. I HEREBY CERTIFY, That I attended deceased from

7/29 day 26 in 7/29 1936
I last saw him/her on 7/29 1936 death is held to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance in order of rank were as follows:

Electrocution Date of onset 7/29/36

Contributory causes of importance not related to principal cause:

Fall from 30 ft. pole lineName of operation Robber date of _____What test confirmed diagnosis? Physician Was there an autopsy? no23. If death was due to external causes (violence)—fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/29 1936Where did injury occur? city High Point, N.C.
(Specify city or town, county, and State)

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

Manner of injury while passingNature of injury electrocution24. Was disease or injury in any way related to occupation of deceased? noIf so, specify FiremanPhysician [Signature] M. D.(Address) 91 1/2 E. 1st St. High Point, N.C.

MARGIN RESERVED FOR BINDING

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.