

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

150

## I. PLACE OF DEATH

County Forsyth Registration District No. \_\_\_\_\_ Certificate No. 1  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City Winston-Salem, N. C. No. Fire Station No. 2. 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

William G. Hobson,

(a) Residence: No. 2050 Elizabeth Ave., City. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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 Ade Hoots  
 6. DATE OF BIRTH (month, day, and year) Nov. 29, 1880  
 7. AGE Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 9 16  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Chief  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Winston-Salem  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

## OCCUPATION

2. BIRTHPLACE (city or town) Yadkinville  
 (State or country) N. C.

13. NAME John Hobson  
 14. BIRTHPLACE (city or town) N. C.  
 (State or country)

15. MAIDEN NAME Mary Brown  
 16. BIRTHPLACE (city or town) N. C.  
 (State or country)

17. INFORMANT Mrs. W. G. Hobson,  
 (Address) Winston-Salem, N. C.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Forbush Ch. Cgd. Date Sept. 17, 1938

19. UNDERTAKER Frank Vogler & Sons,  
 (Address) Winston-Salem, N. C.

20. FILED SEP 19 1938  
 19 \_\_\_\_\_  
 M T REGISTRAR.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 1932 to Sept 15, 1938  
 I last saw him alive on Sept 15, 1938 death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows: \_\_\_\_\_ Date of onset \_\_\_\_\_

Chronic Myocarditis 1937

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Arteriosclerosis (Renal) 1936

Name of operation \_\_\_\_\_ date \_\_\_\_\_  
 What test confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_ No

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. G. Hobson D.  
 (Address) Winston-Salem, N. C.

MARGIN RESERVED FOR BINDING

N. E.—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.

MOTHER FATHER