

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

246

## 1. PLACE OF DEATH

County Forsyth Registration District No. 34-95 Certificate No. 125  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City Winston-Salem, N. C. No. Baptist Hospital 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 Gilbert Worth Kimball, 514

(a) Residence: No. 632 Sunset Drive, City St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Arrie Bell Denet</u>		
6. DATE OF BIRTH (month, day, and year) <u>Dec. 15, 1900</u>		
7. AGE	Years	Months
<u>33</u>	<u>1</u>	<u>26</u>
8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman 80-93</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>N. C. Fire Dept.</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

OCCUPATION

BIRTHPLACE

MOTHER

FATHER

MAIDEN NAME

BIRTHPLACE

INFORMANT

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

FILED

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 11, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1934 to Feb. 11, 1934  
 I last saw him alive on Feb. 11, 1934, death is said to have occurred on the date stated above, at 10:35 a. m.

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

Injury to body while fighting fire.  
 Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause:

None  
 Name of operation \_\_\_\_\_ date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1934

Where did injury occur? at home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury falling from ladder  
 Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) M. D.  
 (Address) \_\_\_\_\_

REGISTRAR

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.

FEB 13 1934

M Taylor