

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
County Forsyth
Township Lincolnton

CERTIFICATE OF DEATH

Town Lincolnton Registration District No. 34-2237 File No. _____
City Lincolnton (No. 1st. 2nd. 3rd. 4th. 5th. 6th. 7th. 8th. 9th. 10th. 11th. 12th. Hospital St. 2nd Ward) Registered No. 361
FULL NAME Jonah Lee Kiser [If death occurred in a hospital or institution, give the NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, or DIVORCED Married
(Write the word)

DATE OF DEATH July 14, 1915
(Month) (Day) (Year)

DATE OF BIRTH Jan 1st, 1893
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from not at all to all, 1915
that I last saw him alive on _____, 1915

AGE 22 yrs. 7 mos. 14 ds. or _____ hrs. or _____ min.
If LESS than 1 day

and that death occurred on the date above stated, at 8:30 P.M.
The CAUSE OF DEATH* was as follows:

OCCUPATION
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) City of Lincolnton

(18)
Electric shock
(almost instant death)
(Duration) _____ yrs. _____ mos. _____ ds.

EDUCATIONAL ATTAINMENTS Read & Write
BIRTHPLACE U.S.

Contributory (Secondary) weak heart
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Emerene P. Gray, M.D.
July 19, 1915 (Address) Winston-Salem, N.C.

PARENTS
NAME OF FATHER M. H. Kiser
BIRTHPLACE OF FATHER (State or Country) N.C.
MAIDEN NAME OF MOTHER Ellen Rominger
BIRTHPLACE OF MOTHER (State or Country) N.C.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. H. Kiser
(Address) Lincolnton, N.C.

PLACE OF BURIAL OR REMOVAL Woodland Cem. DATE OF BURIAL July 16, 1915
UNDERTAKER Huntley Hill & Stockton ADDRESS City

Filed 7/19, 1915 W. W. [unclear] Registrar

N. B.—Every item of information should be carefully verified. 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.