

North Carolina State Board of Health

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BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 PLACE OF DEATH
 County Forsyth
 Township Winston
Town Winston-SalemRegistration District No. 34-2237

File No. _____

City Winston-Salem(No. 1st St. 2nd Ward)Registered No. 361FULL NAME Jonah Lee Kiser
 [If death occurred in
 a hospital or institution,
 give its NAME instead of
 street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX MaleCOLOR OR RACE WhiteSINGLE,
MARRIED,
WIDOWED,
or DIVORCED
(Write the word)MarriedDATE OF BIRTH Jan 1st, 1893

(Month)

(Day)

(Year)

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

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 Winston-SalemEDUCATIONAL ATTAINMENTS Read & WriteBIRTHPLACE N.C.

PARENTS

NAME OF
FATHER M. K. KiserBIRTHPLACE
OF FATHER
(State or Country) N.C.MAIDEN NAME
OF MOTHER Ellen RommingsBIRTHPLACE
OF MOTHER
(State or Country) N.C.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. K. Kiser(Address) Winston-Salem N.C.Filed 7/19, 1915Registrar W. S. [unclear]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14, 1915

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

not at all

that I last saw him alive on _____, 19____

and that death occurred on the date above stated, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Electric shock
(almost instant death)

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary) weak heart

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Eugene P. [unclear], M. D.July 19, 1915 (Address) Winston-Salem 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 _____PLACE OF BURIAL OR REMOVAL Woodland CemDATE OF BURIAL July 16, 1915UNDERTAKER Huntley Hill Stockton CoADDRESS City

N.B.—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.