

FEB 6 1970

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

1431

REGISTRATION DISTRICT NO. 34-95 LOCAL NO. 126

TYPE OR PRINT IN
PERMANENT
BLACK INK

| | | | |
|---|--|---|---|
| NAME OF DECEASED 1. THOMAS WALTER MATTHEWS <i>Thomas Walter Matthews</i> | | DATE OF DEATH 2. JAN 23 1970 | |
| SEX 3. MALE | COLOR OR RACE 4. White | STATE OF BIRTH 5. North Carolina | DATE OF BIRTH 6. 7-2-16 |
| PLACE OF DEATH 7. FORSYTH | | CITY OR TOWN 8. WINSTON SALEM | STATE 9a. North Carolina |
| NAME OF HOSPITAL OR INSTITUTION 9b. O. A. NORTH CAROLINA BAPTIST HOSPITAL | | CITY OR TOWN 9c. Winston-Salem | COUNTY 9d. Forsyth |
| MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED | SURVIVING SPOUSE 11. HELEN Phelps | STREET ADDRESS OR R.F.D. No. 12. 173 MARTINDALE RD. | INSIDE CITY LIMITS 13. No |
| CITIZEN OF WHAT COUNTRY? 14. USA | SOCIAL SECURITY NUMBER 15. [REDACTED] | USUAL OCCUPATION 16. Contractor | KIND OF BUSINESS OR INDUSTRY 17. Millwright |
| FATHER'S NAME 18. Jesse R. Matthews | | MOTHER'S MAIDEN NAME 19. Gertrude Poindexter | |
| INFORMANT'S NAME AND ADDRESS 20. Mrs. Helen Phelps Matthews, 173 Martindale Rd., Winston-Salem, N. C. | | | |
| PART I. DEATH CAUSED BY: | | ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c) | |
| a. IMMEDIATE CAUSE Ventricular Arrhythmia | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| b. DUE TO, OR AS A CONSEQUENCE OF | | | |
| c. DUE TO, OR AS A CONSEQUENCE OF | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO (USE GIVEN IN PART I. a) | | AUTOPSY? 21. YES | IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 22. YES |
| 19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I. OR PART II. ITEM 18) | | |
| 20a. TIME OF INJURY (MONTH DAY YEAR HOUR) | 20b. INJURY AT WORK (SPECIFY YES OR NO) | 20c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)) | 20d. CITY OR R.F.D. COUNTY STATE |
| 20e. No | 20f. STREET | 20g. 20f. | |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM TO AND LAST SAW HIM HER ALIVE ON DOA 1/23/70 DEATH | | CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND OR INVESTIGATION IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED | |
| 21. OCCURRED AT M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED | | 22. ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT 2:05 P.M. ON 1/23 1970 | |
| SIGNATURE OF CERTIFIER John M. Jordan | | DEGREE OR TITLE M.D. | DATE SIGNED 1/23/70 |
| 23a. BURIAL, CREATION, OTHER (SPECIFY) | | 23b. NAME OF CEMETERY OR CREMATORY | 23c. LOCATION (CITY, TOWN, OR COUNTY) STATE |
| 24a. Burial | | 24b. 1-25-70 | 24c. Oaklawn Memorial Gardens, Forsyth Co., N. C. |
| FUNERAL HOME 25. Frank Vogler and Sons, Inc., Winston-Salem, N. C. | | SIGNATURE OF FUNERAL DIRECTOR | LICENSE NO. |
| DATE RECD BY LOCAL REG. 26. 1-26-70 | SIGNATURE OF REGISTRAR 27. James A. Frazier, M.D. (cm) | SIGNATURE OF EMBALMER (IF EMBALMED) | LICENSE NO. |

STATE BOARD
OF HEALTH
COPY

CAUSE

CERTIFIER

Date

BURIAL