

APR 7 1971

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

10571

REGISTRATION DISTRICT NO. 78-80

LOCAL NO.

TYPE OR PRINT IN
PERMANENT
BLACK INK

NAME OF DECEASED 1. George Vester McPhail		DATE OF DEATH 2. March 22, 1971	
SEX 3. Male	COLOR OR RACE 4. White	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 5. N. C.	DATE OF BIRTH 6. Aug. 2, 1921
PLACE OF DEATH CITY OR TOWN 7a. Robeson		CITY OR TOWN 8b. Lumberton	USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) STATE 9a. N. C.
NAME OF HOSPITAL OR INSTITUTION 8c. Southeastern General		INSIDE CITY LIMITS (SPECIFY YES OR NO) 8d. Yes	CITY OR TOWN 9c. Rowland
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Never Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.	STREET ADDRESS OR R.F.D. No. 12. Hickory	
CITIZEN OF WHAT COUNTRY? 12. U. S. A.	SOCIAL SECURITY NUMBER 13. [REDACTED]	USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14a. Electrician	KIND OF BUSINESS OR INDUSTRY 14b. Wireing Houses
FATHER'S NAME 15. George Vester McPhail		MOTHER'S MAIDEN NAME 16. Flax Gaitley	
INFORMANT'S NAME AND ADDRESS 17. J. Walter McPhail P. O. Box 311 Rowland, N. C. 28383			

PART I. DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) IMMEDIATE CAUSE		Severe Cerebral Contusion		17 days	
(b) DUE TO OR AS A CONSEQUENCE OF		Depressed Skull Fractures, Right-Chinney Falling on Him at Fire			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSAL, STATING THE UNDERLYING CAUSE LAST					
18. 2nd & 3rd Burns Neck and Stress Ulcers		AUTOPSY? (YES OR NO) 19b. Yes		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19c. Yes	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. Accident		DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
TIME OF INJURY 20c. 3-5-71		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)) 20d. Farm House		CITY OR R.F.D. COUNTY STATE Robeson N.C.	
CERTIFICATION—PHYSICIAN: 1. ATTENDED THE DECEASED FROM 2. 3-22-71		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 22. ABOVE THE DECEASED WAS PRONOUNCED DEAD AT H/O P ON 3-22-71			
SIGNATURE OF CERTIFIER 23a. W. W. McPhail MD ME		DEGREE OR TITLE MD ME		DATE SIGNED 3-23-71	
SIGNATURE OF PHYSICIAN 23b. W. W. McPhail MD ME		DEGREE OR TITLE MD ME		DATE SIGNED 3-23-71	
BURIAL, CREMATION, OTHER (SPECIFY) 24a. Burial		NAME OF CEMETERY OR CREMATORY 24c. Rowland Cemetery		LOCATION (CITY, TOWN, OR COUNTY) STATE Rowland, N. C.	
FUNERAL HOME 25. Watson Funeral Home Rowland, N.C.		SIGNATURE OF FUNERAL DIRECTOR W. W. Watson		LICENSE NO. 148	
DATE REC'D BY LOCAL REG. 27. MAR 24 1971		SIGNATURE OF REGISTRAR W. W. McPhail MD ME		SIGNATURE OF EMBALMER (IF UNDULATED) A. W. McPhail	
				LICENSE NO. 1321	

STATE BOARD OF HEALTH COPY

CAUSE

CERTIFIER

Form 1000

Date

BURIAL

FORM 8
REV. 1-68
1-68-150M